M1500001759

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



300374985053

2021 DEC - 1 AN II

mant percula AM II: 3

DEC -1 AM 9:1

Y SULKER DEC 0 2 2021



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/01/2021					
Name:		_				
Reference #	4.400222	<u> </u>				
Entity Name		76 S. LAURA ST., LLC				
	es of Incorporation/Authorization	to Transact Business				
☐ Amendment Change of Agent						
Reinstatement						
☐ Conv	Conversion					
☐ Merger						
☐ Dissolution/Withdrawal						
☐ Fictitious Name						
Other	<u> </u>					
Authorized A	Amount: \$25.00					

+44 (0)20.3961.3080

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)		_ (b))	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ` ` ^	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	_		No Change
		_		
	3/6/2015			M15000001759
8.	Date of filing/registration in Florida	4.		Document number
i. (a)	KILGALLON, PAUL J Registered Agent and Registered Office shown on the records of th			
,	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	::
	2101 WEST COMMERCIAL BLVD., SU	JITE 1	200	_
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS,	!	
	FORT LAUDERDALE , FL_	33	3309	2021
(b)	COGENCY GLOBAL INC.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffi <u>ce adc</u>	<u>lress</u> :	
	115 North Calhoun Street, Suite	e 4		
	NEW Registered Office Address:			M 9: 49
	Tallahassee, FL_	32	2301	-
he cha igent v vas/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable /s/ Paul J Kilgallon	he regis pility co the lim	tered office mpany, it is ited liability	e and the business office of the registere is hereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi he obl o m ere	by accept the appointment as registered agent and agreions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	rerjorma för in C	ince of my (Thanter 605	duties, and I am familiar with and acce _l 5. F.SOr. if this document is being file
	/s/ Michael Carlisle			

Michael Carlisle, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FILING FEE: \$25.00

INHS18 (2/14)

Signature of Registered Agent