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(Requestor's Name)	
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(City/State/Zip/Phone #1	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Copies Certificates of Status	
l 'nstructions to Filing Officer:	٦
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115 N CALHOUN ST., STE. 4 TANLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/26/2023							
Name:	Merritt Walker	_						
	1961415	_						
Entity Name:	FPG INTERMED	DIATE HOLDCO, LLC						
	es of Incorporation/Authorization							
Amen	dment							
✓ Chang	ge of Agent							
☐ Reinst	tatement							
Conversion								
☐ Merge	er							
☐ Dissol	ution/Withdrawal							
☐ Fictitio	ous Name							
Other_								
Authorized A	mount: \$25							
Signature:	mur							

F: 800.944.6607

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.

1. N	ame of the limited liability company: FPG IN	TERM	IEDIATE HO	LDCO, LLC	
2. (a)		(ŧ	n)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing add	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	No Change	_	No Change		
	May 8, 2015		M150000	03590	
3.	Date of filing/registration in Florida	4.	Docume	ent number	
5. (a)	CORPORATION SERVICE COMPANY				
	Registered Agent and Registered Office shown on the records o	The Florida	Dept, of State:		
	1201 HAYS ST				
	Registered Office Address (MUST BE FLORIDA STREET	`ADDRES!	<u>ù</u>		
	TALLAHASSEE	32301	<u> </u>	2023 AFR	
(b)	COGENCY GLOBAL INC.			25	
(0.7	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:	- 	
	115 North Calhoun St., Suite 4			· · · · · · · · · · · · · · · · · · ·	
	NEW Registered Office Address:			• -	
	Tallahassee	_{1.} 32301			
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la tere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reginability control of the lin	stered office and the ompany, it is hereby- nited liability compar	business office of the registered confirmed that the change(s)	
/s/ Thomas M. Kominsky			mas M. Kominsky	1	
-	nure of a member or authorized representative of a member			r typed name of signee	
noujie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I d'in writing of this change.	ree to ac c perform ed for in C Thereby c	t in this capacity. If ance of my duties, a Thapter 605, F.S. O. onfirm that the limite	further agree to comply with the nd I am familiar with and accept r, if this document is being filed ed liability company has been	

Michael Carlisle, Assistant Secretary

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

Signature of Registered Agent