SPT 200001111

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT M	AIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status _				
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TALLAHASSES FI ODINA

T GLASS MAY 28 2019



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

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date: 05/24/2019			
Name: Joy We	eaver	_	
Reference #: 10	84280		
Entity Name:	COURTESY	PRODUCTS, L.L.C.	
	ion/Authorizatio	n to Transact Business	
☐ Amendment			
			© •
Reinstatement			19 F
Conversion			MAY 2 19 MAY 2 19 MAY 2 ALL AHAS
☐ Merger			Ser for
☐ Dissolution/Withdraw	/al		AMIO: 5
Fictitious Name			10 M
Other			20
Authorized Amount:	\$25.00		APPRI FILE 19HAY 24
Signature: Well	W		MM 9: 34

10 E 40" S1, 10" FL NY, NY 10016 D: +1.217.947.7200 P: 800.221.0102 F: 800.944.6607 COGENCY GLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY UNIT B, I/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG

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)	me of the limited liability company: COURTESY PRODUCTS, L.L.C. (b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Aailing address of limited (Note: MAYBE POST)		
	No Change		No Chan	ige		- -
	July 22, 2015	_		M150000057	792	_
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	C T CORPORATION SYSTEM					
-/. (11)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	::		
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRES</u>	<u>S)</u>	•		
					201	
	PLANTATION	3332	4		E 1754 F	
(b)	COGENCY GLOBAL INC.				-	: ::: ::::::::::::::::::::::::::::::::
,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>idress</u> :		MH 9:	
	115 North Calhoun St., Suite 4				9: 34	•
	NEW Registered Office Address:					
	Suite 4					
	Tallahassee, F	3230	<u></u>			
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the reg iability c of the lii	istered office ompany, it is nited liability	e and the business off s hereby confirmed th y company or as othe	ice of the registere nat the change(s)	·d
	exander Lee		xander Lee			

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00