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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/21/2019	
	Merritt Walker	
Reference #	1077706	
	EAGLE LN	G PARTNERS LLC
☐ Article☐ Amer	es of Incorporation/Authorization Indment Ige of Agent Istatement	on to Transact Business
_	ersion	MH 9: 04
Fictiti	olution/Withdrawal ous Name	
	Amount: \$25	

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.

l. Na	me of the limited liability company:EAGLE_LI	NG PARTN	ERS LLC		
2. (a)		(b)			
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	•	ress of limited liability company: IAY BE POST OFFICE BOX)	
	No Change		lo Change		
	December 28, 2015		M150	000010320	
3.	Date of filing/registration in Florida	4.	Documer	nt number	
5 (a)	Corporation Service Company				
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida De	ept. of State:		
	1201 Hays Street				
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		20	
	Tallahassee	32301		APPR AI FIL 2019 MAY 21 3.1.032 J.S.3 3.1.1.434.533	
(b)	COGENCY GLOBAL INC.		-	in and o	
(1.7)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			W 9: 04	
	115 North Calhoun St.			· •	
	NEW Registered Office Address:				
	Suite 4		 		
	Tallahassee	_{FL} 32301			
the cha agent v was/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the control	of the register Hiability compression of the limite	red office and the l pany, it is hereby o d liability compan	business office of the registered confirmed that the change(s)	
/S/ Yu-Tien Augustine Lu			Yu-Tien Augustine Lu		
•	ture of a member or authorized representative of a member			typed name of signee	
provisi the obi to mer	hy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	agree to act in ele performand ided for in Cha . I hereby conf	this capacity. I five of my duties, an apter 605, F.S. Or irm that the limite	orther agree to comply with the d I am Jamiliar with and accept ; if this document is being filed d liability company has been	
	im Mayville				
Signatu	re of Registered Agent Tim Mayville, Assistant Se	ecretary			

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