(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP W	AIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Cer	tificates of Status		
Special Instructions to Filing Officer: J. HORNE			
	OCT - 6 2023		
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23 OCT -5 AHII: 47

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195			
REFERENCE : 013618 8293887			
AUTHORIZATION :			
COST LIMIT : \$ 25.00 He man			
ORDER DATE : September 22, 2023			
ORDER TIME : 9:34 AM			
ORDER NO. : 013618-174			
CUSTOMER NO: 8293887			
*			
CHANGE OF AGENT			
NAME OF GOOD II O			
NAME: SS COCOA, LLC			
DI BAGE DEGUDA MUE BOLLOUTAG AG DEGGE GE STATAG			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Eyliena Baker			
EXAMINER'S INITIALS:			

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.

I. Na	ame of the limited liability company: SS COCOA, L	_LC	
2. (a)	4901 Vineland Road Suite 350	(b)	4901 Vineland Road Suite 350
, ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Orlando, FL 32811		Orlando, FL 32811
	02/16/2016		16000001326
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of COGENCY GLOBAL INC. Registered Office Address (MUST BE FLORIDA STREE		ept, of State:
	115 N CALHOUN ST, STE 4		_
	TALLAHASSEE I	FL_32301	231
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporation Service Company	ed Office addre	23 OCT -5 AMII: 46
	NEW Registered Office Address:		—— \$5 46
	1201 Hays Street		 .
	Tallahassee F	FL_32301	
change agent w was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the /S/ Jill Cilmi	he registered liability comp s of the limite he limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
provision the obli to mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provia ily reflect a change in the registered office address, t I in writing of this change.	gree to act in e performand led for in Cha I hereby conf	this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
Signatur	nc a C-Kubl re of Registered Agent	Grace	e E. Kirby, Asst. Vice President