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|---|
| (Requestor's Name) |
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| (Address) |
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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

Account#: I20000000088

| Date: 09/ | /12/2019 | | |
|-----------------|----------------------------|--------------------------|--------------------|
| Name: | | | |
| Reference #: | 1123766 | | |
| Entity Name: | CHANI | DLER SIGNS, LLC | |
| Articles of | f Incorporation/Authorizat | ion to Transact Business | |
| ☐ Amendme | ent | | |
| ✓ Change o | f Agent | | |
| Reinstate | ment | | |
| Conversion | on | | 2019 |
| | | | 2019 SEP 12 |
| ☐ Dissolutio | n/Withdrawal | | - , , , |
| Fictitious | Name | | 8. 8. C |
| Other | | | |
| Authorized Amor | \$25.00 | | |

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

| Floric | | ED CICNC | | |
|---|--|--|--|-----------------|
| 1. N | lame of the limited liability company:CHANDI | LER SIGNS, | , LLC | |
| 2. (a) | | (b) | | |
| | Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) | : | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | No Change | | No Change | |
| | January 27, 2016 | | M16000001796 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a | NRAI SERVICES, INC | | | |
| v. (« | Registered Agent and Registered Office shown on the record | ds of the Florida D | Dept. of State: | |
| | 1200 SOUTH PINE ISLAND ROAD | | | |
| | Registered Office Address (MUST BE FLORIDA STRE | SET ADDRESS) | | |
| | PLANTATION | . FL_33324 | | |
| (b) | COGENCY GLOBAL INC. | | 2019 SEP 12 | |
| | Enter name of NEW Registered Agent and/or NEW Regist | tered Office addr | ress: | |
| | 115 North Calhoun St., Suite 4 | | 12 | |
| | NEW Registered Office Address: | | | |
| | | | | |
| | | | 56 | |
| | Tallahassee | . FL_32301 | | |
| the chagent was/w the art /s/ L Sign: I here provise the ob- | limited 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 limite were authorized by an affirmative vote of the membricles of organization or the operating agreement of arry Ronsko attree of a member or authorized representative of a member why accept the appointment as registered agent and complications of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address. | is of the registered liability comers of the limited lia Larry for the limited lia Larry for the limited lia larry for the left performant wided for in Ch | tered office and the business office of the register impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. Ronsko Printed or typed name of signee in this capacity. I further agree to comply with to mee of my duties, and I am familiar with and acceptage for 605, F.S. Or, if this document is being file | he ept ed |

Signature of Registered Agent

/s/ Tim Mayville