

(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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023 SEP - 1 AM 2: 5

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123 SEP - 1 AM II: 51



CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT N	0. :	12000000	0195	
		REFEREN	CE :	958605	85691A	
		AUTHORIZATI	ON :	Squil	Kenan	
		COST LIM	IT :	(/)		
	` 	August 28, 20	23			
		•	4 3			
ORDER 1	CIME :	10:04 AM				
ORDER N	10. :	958605-010				
CUSTOME	ER NO:	85691A				
CHANGE OF AGENT						
	NAME:	CHANDLER S	IGNS,	LLC		
PLEASE	RETURN	THE FOLLOWING	AS PF	ROOF OF FI	LING:	
	CERTIF	TIED COPY				
		STAMPED COPY				
CONTACT	PERSON	I: Alexxis We	iland-	sorenson		
			EXAMI	NER'S INI	TIALS:	

STATEMENT OF CHÁNGE 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. Na	ame of the limited liability company:CHANDLER SI	GNS, LLC				
2. (a)	14201 Sovereign Rd Suite 101	Sovereign Rd Suite 101 14201 Sove				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Fort Worth, TX 76155		Fort Worth	n, TX 76155		
	01/27/2016		и16000001	1796		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	COGENCY GLOBAL INC.					
,	Registered Agent and Registered Office shown on the records of			- ::		
	115 NORTH CALHOUN ST SUITE 4					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
				202		
	TALLAHASSEE	32301		F'II SECRLIAN		
				FILED SEP-1 M 2 CLIARY OF ST LAHASSEE.		
(b)				Y OF SSEE		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	<u>ress</u> :			
	Corporation Service Company			2: 51 STATE E. FIL		
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee FI	32301				
change agent v 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 liere authorized by an affirmative vote of the members of the organization or the operating agreement of the	registered ability con of the limit	l office and ipany, it is led liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
	s/ Nick Desmarais	Nick	Desmarais	Authorized Person		
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obl to mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	ree to act i performan d for in Cl hereby con	n this capa ice of my d iapter 605, ifirm that ti	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been		
	vace C. T. v. O. V. re of Registered Agent		Grace I	E. Kirby, Asst. Vice President		
orguatu	re or vekistered ukent /					