

# M16000005105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

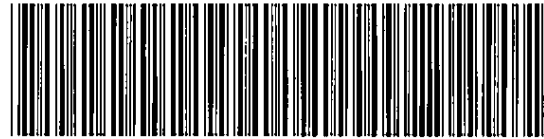
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FL

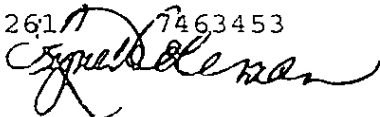


2023 JUL 12 PM 3:20

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 807261 7463453

AUTHORIZATION : 

COST LIMIT : \$ 25.00

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ORDER DATE : June 9, 2023

ORDER TIME : 1:33 PM

ORDER NO. : 807261-055

CUSTOMER NO: 7463453  
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CHANGE OF AGENT

NAME: MAX PH2 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2023

CSC

SUBJECT: MAX PH2 LLC  
Ref. Number: M16000005105

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for MAX PH2 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the current Registered Agent is not correct.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 423A00013389

RECEIVED  
2023 JUN 15 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

1. Name of the limited liability company: MAX PH2 LLC
2. (a) 1800 Mendon Rd  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Ste E 292  
Cumberland, RI 02864
- (b) 1800 Mendon Rd  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Ste E 292  
Cumberland, RI 02864
3. 06/24/2016 Date of filing/registration in Florida
4. M16000005105 Document number

5. (a) COGENCY GLOBAL INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
115 NORTH CALHOUN ST. SUITE 4  
TALLAHASSEE, FL 32301

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street

Tallahassee, FL 32301

FILED  
2023 JUN 12 AM 8:52  
CLERK OF STATE  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jill E. Cilmi  
Signature of a member or authorized representative of a member

Jill Cilmi, Authorized Person

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.*

Grace E. Kirby  
Signature of Registered Agent  
Grace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00