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CT CORP

(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

09/18/2023

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4:1 DW

Name:	FM:Systems Group, LLC	
Document #:		
Order #:	15105732	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00	

Thank you!

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.

(a)	1101 E. Whitaker Mill Road		(b) 5757 N. Green Bay Avenue		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 220		Glendale	, WI 53209	
	Raleigh, NC 27604				
	01/24/2017		M1700000	00643	
	Date of filing/registration in Florida COGENCY GLOBAL INC.	4.		Document number	
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 115 NORTH CALHOUN ST			ate:	
	Registered Office Address				
	TALLAHASSEE .FL 32301			2029 (
b)	C T Corporation System			SEP 18	
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			SEP 18 AM 10: 39 RECIARY OF STATE AHASSEE, FLORIDA	
	NEW Registered Office Address:			–	
	1200 South Pine Island Road			<i>₽</i> —	
	Plantation , F	L ³³³²⁴			
cha	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members	of the reg liability (of the li	gistered offi company, it mited liabil	ice and the business office of the regist t is hereby confirmed that the change(s lity company or as otherwise provided	
/we	cles of organization or the operating agreement of th	ie limited	i hability co	ompany.	

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.

By:

SEAULL EMERICA, ASSISTANT SECRETARY

Signature of Registered Agent