M17000003 245

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Account#: I20000000088

Date:	01/24/2023	
Name:	Ken Howell	
	ice #:1884117	
Entity Na	ame: COINSTAR ASSE	T HOLDINGS, LLC
_	Articles of Incorporation/Authorization to	Transact Business
	Amendment Change of Agent	
	Reinstatement	
□ c	Conversion	
□ N	Merger	
	Dissolution/Withdrawal	
□ F	ictitious Name	
c	Other	
Authoriz	zed Amount: \$25.00	<u></u>
Signatur	re:	

. STÅTEMENT 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. N	ame of the limited liability company:COINSTAR	ASSET	HOLDINGS, LLC
2. (a)	330 120th Ave NE	(b)	330 120th Ave NE
2 . (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Bellevue, WA 98005		Bellevue, WA 98005
	April 14, 2017	_	M17000003245
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT CORPORATION SYSTEM		
υ. (α,	Registered Agent and Registered Office shown on the records of	the Florida D	pept. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	
	PLANTATION, FL	33324	7123 JAN 24
(b)	COGENCY GLOBAL INC.		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	CSS:
	115 North Calhoun St., Suite 4		9. 08
	NEW Registered Office Address:		~₁ ∞
	Tallahassee , FL	32301	
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registe ability com of the limite	ered office and the business office of the registered spany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
/s/ K	evin McColly	Kevin	McColly
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	thy accept the appointment as registered agent and agressions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I did now iting of this change.	ree to act in performan d for in Ch hereby con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605. F.S. Or, if this document is being filed firm that the limited liability company has been

Tim Mayville, Assistant Secretary

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)

/s/ Tim Mayville
Signature of Registered Agent