Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003292843)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 Phone : (614)280-3338 : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE UNION FLETCHER TAMPA FL LLC

Certificate of Status	U
Certified Copy	!
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu — Corporate Filing Menu

Help

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, Fiorida 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.

		(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	999 SOUTH SHADY GROVE RD. SUITE 600		
	MEMPHIS, TN 38120		
	11/20/2017	M170	000009891
	Date of filing/registration in Florida	4.	Document number
. (a)	COGENCY GLOBAL INC		
. (11)	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	115 North Calhoun St. Suite 4		
	Registered Office Address	TADDRESS)	
	Tallahassee	L 32301	18 15 H 8: 82
			TIS I
(b)	Enter name of NEW Registered Agent and/or NEW Register	ad Office address:	Si Si
	trace fiance of the w. Registered Agent and of the b. Register	en Onice hunters.	元 王
			~1 60 \~~
	C T Corporation System		
	C T Corporation System NEW Registered Office Address:		
	NEW Registered Office Address: 1200 South Pine Island Road		
	NEW Registered Office Address: 1200 South Pine Island Road Plantation	RL_33324	
ne cha gent v as/w	NEW Registered Office Address: 1200 South Pine Island Road Plantation 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 ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the State of the registered liability compars of the limited li	of Florida, it is hereby confirmed that after office and the business office of the registeracy, it is hereby confirmed that the change(s) iability company or as otherwise provided in
ne cha gent v as/wa ne art	NEW Registered Office Address: 1200 South Pine Island Road Plantation 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 ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the street address.	aws of the State of the registered liability compars of the limited he limited habili	of Florida, it is hereby contirmed that after office and the business office of the register, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Bothm Manager
ne cha gent v vas/wa ne art	NEW Registered Office Address: 1200 South Pine Island Road Plantation 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 ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of a member authorized representative of a member.	aws of the State of the registered liability compars of the limited liability stephanic	of Florida, it is hereby confirmed that after office and the business office of the register by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Bothm Manager Printed or typed name of signee
Signa I here The object of t	NEW Registered Office Address: 1200 South Pine Island Road Plantation 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 ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the interest of a member o	aws of the State of the registered liability compars of the limited liabili Stephanic stephanic agree to act in the limited for in Change of the form Change of the limited liability of the liabil	of Florida, it is hereby confirmed that after office and the business office of the register by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Bothm Manager Printed or typed name of signee is capacity. I further agree to comply with the off my duties, and I am familiar with and acceptate of the following of the second of th
signa Signa Signa I here Provis the object mer- potifies C.T.C.	NEW Registered Office Address: 1200 South Pine Island Road Plantation 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 ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the accept the appointment as registered agent and a ions of all statutes relative to the proper and completing attentions of my position as registered agent as provingly reflect a change in the registered office address, of my writing of this change.	aws of the State of the registered liability compars of the limited liabili Stephanic stephanic agree to act in the limited for in Change of the form Change of the limited liability of the liabil	of Florida, it is hereby confirmed that after office and the business office of the register of its hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Bochm Manager Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accepted 605. F.S. Or, if this document is being filen that the limited liability company has been