## M18000003626

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	itus
Special Instructions to Filing Officer:	

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2020 FEB 18 AM 9: 32 2020 FEB 18 FH 1: 45

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 02/18/2020	_
Name: Marcel Ogbonna	-Amu
Reference #: 118378	5
Entity Name:	EIN ALLIANCE, LLC
☐ Articles of Incorporation/Au	uthorization to Transact Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount:\$	25.00
Signature:	ℓ Ð 

F: 800,944.6607

+44 (0)20.3961.3080

F: •852.2682.9790

## 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. N	ame of the limited liability company: EIN ALLIA	NCE, LLC				
2. (a)	2600 W. Geronimo Place	(h) 2600 W. Geronimo Place				
±. (ii)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1)/ <u></u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	Suite 100	Sı	uite 100			
	Chandler, AZ 85224	Cr	andler, AZ 85224			
	April 12, 2018		M18000	003626		
3.	Date of filing/registration in Florida	4.	Document nu			
5. (a)	NRAI Services, Inc.					
<i>D.</i> (a)	Registered Agent and Registered Office shown on the records o	of the Florida Dep	L of State:			
	1200 South Pine Island Road			\$5 <b>~</b> .		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)		2020 FEB 18 SECREDAR "AUL/"	Green.	
	Plantation F	33324			ingilizat i ilayene i oʻz el	
(b)	COGENCY GLOBAL INC.			AH 9		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office address		9: 33 SIME		
	115 North Calhoun St., Suite 4					
	NEW Registered Office Address:					
	Tallahassee	32301				
the cha agent v was/wa the art	imited liability company is not organized under the kinge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registere liability compa of the limited ic limited liabil	d office and the busing, it is hereby confiliability company or ity company.	ness office of the re rmed that the chang	egistered gc(s)	
	effrey Keith Mullins ture of a member or authorized representative of a member	Jeπrey r	Ceith Mullins	d name of signee		
I here provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing tions of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	gree to act in u le performance led for in Chap I hereby confir	his canacity. I forthe	er aoree ta camply :	with the d accept ing filed been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.

NHS18 (2/14)

Member

Tim Mayville, Assistant Secretary