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

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 March 11, 2022 Date:_ KEN Name:____ 1606036 Reference #:____ **COREPOINT TRS L.L.C.** Entity Name:____ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion Merger Dissolution/Withdrawal Fictitious Name Other _____ Authorized Amount: \$25.00

-1.212.947.7200

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

rtoride	<i>l</i> .					
1. Na	une of the limited liability company:	COREPOIN	T TRS L.L.C	·		
2. (a)			(b)			
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of lin (Note: MAY BE P.	nited liability con	npany:
	No Change		No (Change		
	May 8, 2018		_	M18000004434		
3.	Date of filing/registration in	Florida	4.	Document numb	er	
5. (a)	Corporation Service Company					
(h)	Registered Agent and Registered Office show	en on the records of	the Florida Dept. c	of State:		
	1201 Hays Street				~	
	Registered Office Address (MUST BE FI	LORIDA STREET A	(DDRESS)	.	2022 HAR SECRETA	<u>—11</u>
	Tallahassee	, FI.	32301-252	5	- 555 -	1475
	COGENCY GLOBAL INC.				M 7	1 1 1
	Enter name of NEW Registered Agent and/o	or NEW Registered	Office address:		1.7:50	
	115 North Calhoun St., Suite	4			r.; U	
	NEW Registered Office Address:					
	Tallahassee	, FL	32301			
the cha agent v was/wa the arti	imited liability company is not organi inge or changes are made, the Florida will be identical. Or, in the case of a fere authorized by an affirmative vote icles of organization or the operating of	zed under the lay street address of Florida limited li of the members o	vs of the State the registered ability compan of the limited li	office and the business y, it is hereby confirme ability company or as c y company.	s office of the ed that the cha	registered inge(s)
ISI Pa	aul R. Womble		rauir. W	7011IDIE		

Signature of a member or authorized representative of a member

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.

/s/ Michael Carlisle

Signature of Registered Agent

Michael Carlisle, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00