M18000004864

	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	·-
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
	(Doddinone (Torribot)	
Certified Copies	Certificates of S	status
-		
Special Instructions t	o Filing Officer:	

Office Use Only



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

Account#: I20000000088

Date: March 11, 2022	Account#, 12000000000				
Name:KEN					
Reference #:1606036					
Entity Name: CPLG WELLESL	EY PROPERTIES L.L.C.				
Articles of Incorporation/Authorization	to Transact Business				
☐ Amendment					
✓ Change of Agent	ISSUES? CALL				
Reinstatement	KEN:				
Conversion	518-213-0738				
☐ Merger					
Dissolution/Withdrawal					
Fictitious Name					
Other					
Authorized Amount: \$25.00					
Signature:					

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. Na	me of the limited liability company:CPLG WELL	CPLG WELLESLEY PROPERTIES L.L.C.		
2. (a)		_ (b)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	No Change	-	No Char	nge
	May 21, 2018		N	118000004864
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Corporation Service Company			
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Stat	e:
	1201 Hays Street			_
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS,		SECUL A
	Tallahassee, FL	32301	-2525	PILED 2022 HAR II AH 7: 50 SEGNITARISSEE ALI
4 l- X	COGENCY GLOBAL INC.			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	lress:	M 7:50
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			_
	Tallahassee, FL	32301		
the cha agent to	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reginability of the lim	stered offic ompany, it lited liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in
			R. Wom	
	dure of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	hy accept the appointment as registered agent and agnions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act perform d for in (hereby c	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

/s/ Tim Mayville
Signature of Registered Agent