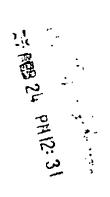
11800005661

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

Office Use Only



900360745259



2021 FEB 21, AH 8: 07

- 11 11 12 -



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

Account#: I20000000088

Date: February 24, 2021		Account#. 12000000000		
Name: KEN F	IOWELL			
Reference #:	1331907			
Entity Name:	MOORE INDI	JSTRIES OF FLORIDA, LLC		
Articles of Incorp	ooration/Authoriza	tion to Transact Business		
Amendment				
✓ Change of Agen	ISSUES? CALL			
Reinstatement		KEN:		
Conversion		518-213-0738		
Merger Merger				
Dissolution/With	drawal			
☐ Fictitious Name				
Other				
Authorized Amoun	t: \$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.

	ne of the limited liability company: MOORE	(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.	o Change
	June 15, 2018		M18000005661
	Date of filing/registration in Florida	4.	Document number
/-)	CT Corporation System		
(a)	Registered Agent and Registered Office shown on the record	is of the Florida Dep	ot, of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)	
	Plantation	, FL_33324	
(b)	COGENCY GLOBAL INC.		
(0)	Enter name of NEW Registered Agent and/or NEW Regis	tered Office address	<u>5</u> 1
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		TO 28 M 8: 07
	Tallahassee	_, FL_32301	——————————————————————————————————————
ne cha gent vas/w ne art	dimited liability company is not organized under the sange or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and complications of my position as registered agent as provided in a special properties of this change in the registered office addressit in a contract of this change.	ted liability compoers of the limited liab	pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in a company. EVEN C. Moore Printed or typed name of signee

/s/ Tim Mayville
Signature of Registered Agent

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