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

Account#: I20000000088

Date:	01/12/2021	
Name:		
Reference #	4202592	
Entity Name	CHENEGA GLC	BAL PROTECTION, LLC
	es of Incorporation/Authorization	
	idment	ni to Transdot Basiness
_		
	ge of Agent	
∐ Reins	tatement	
Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictitie	ous Name	
Other		
Authorized A	smount: \$25.00	

F: 800.944.6607

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.

(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
No	Change		Change		
Jun	ne 27, 2018		M18000006028		
	Date of filing/registration in Florida	4.	Document number		
(a) UN	NSEARCH, INC.				
Regi	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
15	5 OFFICE PLAZA DRIVE				
Regi	istered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
TA	ALLAHASSEE . F	32301	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
(b) CO	GENCY GLOBAL INC.		· .		
	т name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:			
			• •		
	5 North Calhoun St., Suite 4				
NEY	<u>W</u> Registered Office Address:				
Та	llahassee, F				

/s/ Peter Nosek	Peter Nosek		
Signature of a member or authorized representative of a member	Printed or typed name of signee	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/ Tim Mayville

Signature of Registered Agent

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