M18000001350

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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:	03/22/2019		
	Chris Vick		
	1037436	_ _	
Entity Name	e:MYSTE	RY ROOM LLC	·
☐ Articl	les of Incorporation/Authorization	on to Transact Business	25
	ndment		APPROPRIES
✓ Char	nge of Agent		22 高
☐ Reins	statement		# 9: 20
Conv	version		20 (A)
☐ Merg	ger		
Disso	olution/Withdrawal		
☐ Fictit	ious Name		
☐ Othe	r		
Authorized	Amount 1 \$25		

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. Na	ame of the limited liability company: MYSTERY	ROOM	LLC	
2. (a)		(t	01	
	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	<u> </u>	No Ch	ange
	August 9. 2018		M18000	0007350
3.	Date of filing registration in Florida			Document number
5. (a)	CT Corporation System			
(**)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of Si	tale:
	1200 South Pine Island Road			
	Registered Office Address	ADDRES.	<u>S1</u>	
		<u>.</u>		
	Plantation F	L_33324	1	APPRO AN FILI 2019 MAR 22 SECRETAR SALLAHASS
(b)	COGENCY GLOBAL INC.			ガス ロロブ
, . ,	Eniet name of NEW Registered Agent and or NEW Registere	d Office ac	ldress	— FI (9)
	115 North Calhoun St., Suite 4			AM 9: 20 OF STATE EL FLORE
	NEW Registered Office Address:			
	Tallahassee, F	_L 32301		
the cha agent v was w the art Signa	imited liability company is not organized under the lange 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 difference of authorized representative of a member of the difference of the appointment as registered agent and agent agent and agent agent agent and agent ag	of the reginability of the line of the lin	stered off ompany, i mited liabi liability c	ice and the business office of the registered t is hereby confirmed that the change(s) (lity company or as otherwise provided in ompany. John Reichel Printed or typed name of signce anacity. I further agree to comply with the
provis the ob- to mer notifie	ions of all statutes relative to the proper and completed ligations of my position as registered agent as provided with reflect a change in the registered office address, and in writing of this change.	e perforn led for in I hereby c	iance of m Chapter 6 confirm the	w duties, and I am jamiliar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been

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