## M18000007707

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PICK-UP	☐ WAIT	MAIL
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: !20000000088

Date:	01/28/2022	
Name:		<u> </u>
Reference #	1574079	<u></u>
Entity Name	PROFILE	PRODUCTS, LLC
Article	es of Incorporation/Authorization	n to Transact Business
Amer	ndment	
✓ Chan	ge of Agent	
Reins	statement	
Conve	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	\$25.00 \$25.00	

## 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.

(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>_</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	August 21, 2018		M18000007707
	Date of filing/registration in Florida	4.	Document number
(a)	CT Corporation System		
(41)	Registered Agent and Registered Office shown on the records	of the Florida De	ept, of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	
	Plantation	FL_33324	207
(b)	Plantation	FL_33324	2022 J
(b)			2022 11.11 20
(b)	COGENCY GLOBAL INC.		: TSS - CO - 1
(b)	COGENCY GLOBAL INC.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		2022 JEH 28 AH 9: 32 7/18 SSEE, FL

/s/ Curtis Grine	Jurtis Grini	er
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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