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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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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:	02/27/2020					
Name:						
	1191210					
	e:OG F	T MYERS II, LLC				
Articl	es of Incorporation/Authorizat					
✓ Change of Agent ☐ Reinstatement						
Merg	☐ Conversion ☐ Merger					
☐ Fictiti	olution/Withdrawal ous Name r					
Authorized A	Amount: \$25					

P: 800.221.0102

F: 800.944.6607

F: +852.2682.9790

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. N	lame of the limited liability company: OGF11	MYERS II, LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No Cha	inge
	September 28, 2018		M18000009619
3.	Date of filing/registration in Florida Seth Oliver	4.	Document number
5. (a	Registered Agent and Registered Office shown on the record 4747 S Washington Ave, #145 Registered Office Address (MUST BE FLORIDA STR.)		7020 F 2
	Titusville	. FL 32780	
(b)	COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered.	stered Office address:	56
	115 North Calhoun St., Suite 4 NEW Registered Office Address:		_
	Tallahassee	, FL 32301	_
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitative authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the registered offic ed liability company, it i sers of the limited liabilit	c and the business office of the registered s hereby confirmed that the change(s) sy company or as otherwise provided in
I here provis the ob to mer notifie	nture of a member or authorized representative of a member or by accept the appointment as registered agent and complications of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change. Jean Honan, Assistant Sean Honan, Assistant Sean Honan,	d agree to act in this cap plete performance of my wided for in Chapter 60, ss, I hereby confirm that	Printed or typed name of signce vacity. 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

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: 525.00