M18000009892

(Requestor's Name)	
: (Address)	
· (Address)	
• . - 	
(City/State/Zip/Phone #)	
. PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
_	
Certified Copies Certificates of Status	
_	
Special Instructions to Filing Officer	
 -	
Office Use Only	



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2024 OCT 29 AM 10: 09

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SECTION SECTION



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

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:10	0/28/2024	
Name:	Cheyanne Davis	_
Reference #:	2532773	<u> </u>
Entity Name:	LANDEAVOR OAKL	AND PARK MANAGER, LLC
☐ Articles	of Incorporation/Authorization	n to Transact Business
Amendn	nent	
	of Agent	
Reinstat	tement	
☐ Convers	sion	
☐ Merger		
☐ Dissolut	ion/Withdrawal	
Fictitiou	s Name	
Other_		
Authorized Am	ount: \$25.00	
Signature:	Unyme Paire	

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.

2. (a)		(b)							
. , .	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		No Cha	ange						
	November 2, 2018			M1800000989	92					
3.	Date of filing/registration in Florida	4.		Document no	ımber					
5. (a)	LORRY, ADAM									
(4.7	Registered Agent and Registered Office shown on the records	of the Florida	Dept, of St	ate:						
	10006 N DALE MABRY HWY, STE 201									
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	2							
				_	₹	202,				
	TAMPA	FL_33618			L A:	30 1	$\neg \gamma$			
(b)	COGENCY GLOBAL INC.				lÁSSÍ	2024 OCT 29				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office add	dress:		m,	<u> </u>				
	115 North Calhoun St., Suite 4				ĂLLĂHĂSSEE FLORIDA	AM 10: 09				
	NEW Registered Office Address:			_	β	9				
	Tallahassee									
the cha agent v was/we	imited liability company is not organized under the nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of t	laws of the of the regis Hiability cos of the lim	stered offi impany, it iited fiabil	ice and the busi t is hereby conf lity company or	iness offic irmed tha	ce of the it the ch	e registerec ange(s)			
	dam Lorry		m Lorry				_			
Signat	ture of a member or authorized representative of a member	<u></u>		Printed or type	ed name of s	signee				
provisi the obl. to mere	by accept the appointment as registered agent and of ins of all statutes relative to the proper and comploing igations of my position as registered agent as provi By reflect a change in the registered office address. I'm writing of this change.	igree to act de perform ded for in C Thereby co	in this co ance of m Thapter 6 onfirm the	ipacity. I furth y duties, and I ; 05, F.S. Or, if it the limited lid	er agree t am famili this docu ability cor	o comp ar with ment is mpany l	ly with the and accep being filed has been			

/s/ Timothy Mayville Signature of Registered Agent

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