M18000010583

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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Account#: 120000000088

Date: December 22, 2021		ACCOUNT#. 1200000000	
Name: David S	Shulman		
Reference #:	1553676		
Entity Name:	F AND	S ENTERPRISES TIC, LLC	
Articles of Incorp	oration/Authoriz	ation to Transact Business	
Amendment			
☑ Change of Agent		ISSUES? CALL	
Reinstatement		David:	
☐ Conversion		850-270-0082	
☐ Merger			
Dissolution/Witho	drawal		
☐ Fictitious Name			
Other			
Authorized Amount:	\$25.0	0	
Signature:	David Shulman		

+1.212.947.7200

· EUROPEAN HQ

. ASIA PACIFIC HQ

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

	(b)	
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		lo Change
November 28, 2018		M18000010583
Date of filing/registration in Florida	4.	Document number
CT Corporation System		
Registered Agent and Registered Office shown on the records of	of the Florida De	pt, of State:
1200 South Pine Island Road		
Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
		يد.,
Plantation , F	1_33324	TILLE MILO: 53
COGENCY GLOBAL INC.		22
Enter name of NEW Registered Agent and/or NEW Registered	ed Office addres	
115 North Calhoun St., Suite 4		EE'E'E'E'E'E'E'E'E'E'E'E'E'E'E'E'E'E'E
NEW Registered Office Address:		
		
Tallahassee	L 32301	

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/ Tim Mayville

Signature of Registered Agent

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