M19000000911

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
tified Copies Certificates of Status	
pecial Instructions to Filing Officer	
	

Office Use Only



800360440658

2021 FEB 25 AM 8: 0:

V SHIKER 1227 0 1 2021



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

Account#: I20000000088

Date:(02/26/2021	
Name:		<u></u>
Reference #:	4000774	
Entity Name:	MADAVA FIN	ANCIAL SERVICES, LLC
☐ Articles	s of Incorporation/Authorizati	on to Transact Business
Ameno	lment	
✓ Chang	e of Agent	
Reinsta	atement	
Conve	rsion	
☐ Merge	-	
☐ Dissolu	ution/Withdrawal	
☐ Fictitio	us Name	
Other_	· · · · · · · · · · · · · · · · · · ·	
Authorized Ar Signature:	mount. \$25.00	

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.

:Na	me of the limited liability company: MAE		·
(a)	Principal office address of limited fiability cor (Note: MUST BE STREET ADDRESS	• •	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	No Change	No	Change
	January 25, 2019		M1900000911
	Date of filing/registration in Florida	a 4.	Document number
(a)	UNITED STATES CORPORATION	AGENTS, INC.	
	Registered Office Address IMUST BE FLORIDA 5575 S. SEMORAN BLVD., SUITE	36	
b)	COGENCY GLOBAL INC.	FL_32822	707/FE
	115 North Calhoun St., Suite 4 NEW Registered Office Address:	Registered Office address:	TOTAL FEB 26 AM 8: 09
	Tallahassee	, _{FL} 32301	— FAE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered igent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ Danielle Simmons

Danielle Simmons

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 he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed a merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been totified 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