M1900001572

| (Requestor's Name) | | | | | |
|------------------------------------|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| ୯୮ Copies Certificates of Status | | | | | |
| al Instructions to Filing Officer: | | | | | |
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| | | | | | |
| | | | | | |

Office Use Only



600398468986

LLC RAGROCHONGE



SECRETARY OF STATE

A. RAMSEY JAN 1 8 2023



J15 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

| Date:01/ | <u> 17/2023 </u> | |
|-----------------|---|--------------------------|
| Name: | Merritt Walker | _ |
| Reference #: | 1884106 | <u> </u> |
| | | A BUILDER APPLIANCES LLC |
| _ | Incorporation/Authorizatio | n to Transact Business |
| Amendme | ent | |
| ✓ Change o | f Agent | |
| Reinstate | ment | |
| Conversio | n | |
| ☐ Merger | | |
| ☐ Dissolutio | n/Withdrawal | |
| Fictitious i | Name | |
| Other | | |
| | | |
| Authorized Amou | ınt: \$25 | |
| Signature: | mw | <u></u> |

D. +1.212.947.7200 P. 800.221.0102 F: 800.944.6607

P: +852.2682.9633 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.

| a) | 5407 Trillium Boulevard Suite B120 | 5407 Trillium Boulevard Suite B120 | | |
|-----|--|------------------------------------|---|--|
| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Hoffman Estates IL 60192 | | Hoffman Estates IL 60192 | |
| | | | | |
| | February 13, 2019 | | M19000001572 | |
| | Date of filing/registration in Florida | 4. | Document number | |
| (a) | CT Corporation System | | | |
| (") | Registered Agent and Registered Office shown on the rec | ords of the Florida | Dept, of State: | |
| | 1200 South Pine Island Road | | | |
| | 1200 South Pine Island Road | | | |
| | 1200 South Pine Island Road Registered Office Address | REET ADDRESS | | |
| | | reet address | | |
| (b) | Plantation COGENCY GLOBAL INC. | FL_ 33324 | Elos Jan | |
| (b) | Registered Office Address (MUST BE FLORIDA ST | FL_ 33324 | | |
| (b) | Plantation COGENCY GLOBAL INC. | FL_ 33324 | dress: | |
| (b) | Plantation COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Reg | FL_ 33324 | dress: | |
| (b) | Plantation COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registe | FL_ 33324 | dress: | |

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 agent 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/ Luke Valentino | /s/ | Luke | : Val | len | tıno |
|--------------------|-----|------|-------|-----|------|
|--------------------|-----|------|-------|-----|------|

Luke Valentino

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/ Timothy Mayville

Signature of Registered Agent

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