41900003344

(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

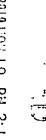


200337073302

11:14 STAGE

2019 NO 19 PM 2:49

_ j





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

Account#: 120000000088

Date:	11/19/2019	
	Joy Weaver	
Reference	#:1152952	
	e: TE	YA SERVICES LLC
		ization to Transact Business
☐ Ame	endment	
√ Cha	nge of Agent	
Reir	nstatement	
☐ Con	version	
☐ Mer	ger	
☐ Diss	solution/Withdrawal	
☐ Fict	tious Name	
Oth	er	
Authorized Signature:	Amount: \$25.0	DO

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.

ij,	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	Change
	March 25, 2019	·	M19000003244
	Date of filing/registration in Florida	4.	Document number
(a)	C T CORPORATION SYSTEM		
, at <i>j</i>	Registered Agent and Registered Office shown on the record	s of the Florida Dept.	of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address <u>(MUST BE FLORIDA STRE</u>	<u>ET ADDRESS)</u>	2019
	PLANTATION	. FL_33324	2019 NOV 19
(b)	COGENCY GLOBAL INC.		- M 6
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	<i>i</i> 5 <u>(</u>
	115 North Calhoun St., Suite 4		6
	NEW Registered Office Address:		 :
	Tallahassee	, FL_32301	

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.

Ron Perry

/s/ Tim Mayville

Signature of Registered Agent

Signature of a member or authorized representative of a member