

M19000005118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

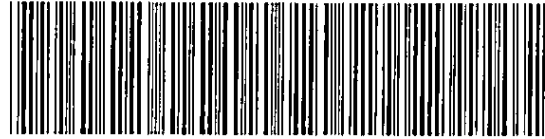
(Business Entity Name)

(Document Number)

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20 FEB 13 PM 3:25

FILED

2020 FEB 13 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

C SIMMONS

FEB 14 2020

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE:** 2/13/20

**PRIORITY:** Routine

**OUR REF.#.(Order.ID#)** RTK

**ORDER ENTITY**

Streetlane PM LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

Streetlane PM LLC

Please file the attached change of registered agent.

**NOTES:**

\$25.00 Authorized

Email address for annual report reminders: radiv@incserv.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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.*

1. Name of the limited liability company: <u>Streetlane PM LLC</u>	
2. (a) <u>717 N. Harwood Street</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Suite 2800</u> <u>Dallas, TX 75201</u>	(b) <u>717 N. Harwood Street</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Suite 2800</u> <u>Dallas, TX 75201</u>
3. <u>May 23, 2019</u> Date of filing/registration in Florida	4. <u>MI9000005118</u> Document number
5. (a) <u>COGENCY GLOBAL INC.</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>115 North Calhoun St.</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>Suite 4</u> <u>Tallahassee</u> , FL <u>32301</u>	
(b) <u>Incorporating Services, Ltd.</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>1540 Glenway Drive</u> <u>NEW Registered Office Address</u> : <u>Tallahassee</u> , FL <u>32301</u>	

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TALLAHASSEE, FL

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.

Meghan Marshall  
Signature of a member or authorized representative of a member

Meghan Marshall  
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.*

Melissa Sps  
Signature of Registered Agent

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