006095

(Re	equestor's Name)				
(Ad	ldress)				
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PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
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Account#: I20000000088

Date:	01/28/2022						
Name:		<u></u>					
	#:1574079	<u></u>					
Entity Nam	e:PROFILE D	EVELOPMENT, LLC					
	cles of Incorporation/Authorizatio						
☐ Ame	endment						
✓ Change of Agent							
Reinstatement							
Conversion							
☐ Mer	ger						
☐ Dissolution/Withdrawal							
☐ Ficti	tious Name						
Othe	er						
Authorized Signature:	Amount: / \$25.00						

10 E 40" ST, 10" FL NY NY 10016 D: +1.212.947.7200 P: 800.221.0102 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.

(a)	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS	ipany:	(b) Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX			
	No Change		No Change			
	June 10, 2019		M19000006095			
	Date of filing/registration in Florida	4.	Document number			
(a)	CT Corporation System					
(41)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:					
	1000 Carala Dina Jaland Danad					
	1200 South Pine Island Road					
	Registered Office Address (MUST BE FLORIDA)	STREET ADDRESS)				
		STREET ADDRESS), FL_33324	2022			
(b)	Registered Office Address (MUST BE FLORIDA		2022 J. H 28			
(b)	Registered Office Address (MUST BE FLORIDA) Plantation	FL_33324	2022 J. H 28			
(b)	Plantation COGENCY GLOBAL INC.	FL_33324	2022 J. H 28			
(b)	Plantation COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW I	FL_33324	2022 114 28 A			
(b)	Plantation COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW I 115 North Calhoun St., Suite 4	FL_33324	2022 J. H 28			

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.

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Curtis Griner

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/ Michael Carlisle

Signature of Registered Agent

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