M19000009434

(Reque	estor's Name)			
(Address)					
(Address)					
(City/S	tate/Zip/Phor	ne #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					

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

Account#: I20000000088

Date:	10/12/2022	
	Jennifer Bialowas	
Reference #	1795030	
Entity Name	MVP ADV	ISORY GROUP, LLC
✓ Article	es of Incorporation/Authoriza	tion to Transact Business
☐ Amer	ndment	
☐ Chan	ge of Agent	
Reins	statement	
☐ Conv	ersion	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
Fictiti	ous Name	
Other	·	
Authorized A	Amount: 25.00	

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.

2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	-	No Cha	nge
	October 2, 2019		N	M19000009434
3.	Date of filing/registration in Florida	4,		Document number
5. (a)	UNIVERSAL REGISTERED AGENTS, INC			
÷. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	te:
	1317 CALIFORNIA STREET			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		201
	TALLAHASSEE , FI	32304		2022 OCT
(b)	COGENCY GLOBAL INC.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			- '
	Tallahassee . FI	32301		
the cha agent v was/w	imited liability company is not organized under the lainge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the regis ability co of the lim	tered offic mpany, it i ited liabilit	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
/s/ Ju	ılie Gracz	Julie	Gracz	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obt to mer	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I d'in writing of this change.	ree to act performed d for in C hereby co	in this cap nice of my hapter 60 nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent

/s/ Sean Honan