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Account#: I20000000088

Date:	10/28/2019						
Name:		ker	_				
Reference	#:11451	31	_				
	Entity Name: PRINTGLOBE, LLC						
☐ Arti	cles of Incorporation//						
_	endment						
Reinstatement							
☐ Cor	Conversion						
☐ Mer	☐ Merger						
☐ Dissolution/Withdrawal							
☐ Fict	itious Name						
Oth	er						
Authorized	I Amount:	\$25					
Signature:		ctur)					

6 LLOYDS AVE, UNIT 4CL

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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. N	ame of the limited liability company: PRINTGI	LOBE, LLC	<u></u> -
2. (a)		(b)	1
(,	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 Change
	October 3, 2019		M19000009448 5
3.	Date of filing/registration in Florida	4.	Document number , " 2 17
5. (a)	CT Corporation System		28
J. ()	Registered Agent and Registered Office shown on the record	Dept. of State:	
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STRE	Dept. of State:	
	Plantation	FL_33324	
(b)	COGENCY GLOBAL INC.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office add	tress:
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	FL_32301	
the cha agent v was/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the regist d liability cours ors of the limi	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
/s/ Daniel Steinborn			el Steinborn
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 ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to act lete performa ided for in C s. I hereby co	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605. F.S. Or, if this document is being filed infirm that the limited liability company has been

/s/ Tim Mayville

Signature of Registered Agent ____