M19000012003

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SCORETALY DE STATE

AT ARA SSECTOR

2022 JUL 29 AM II: 31

A. BUTLER AUG - 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	:	120000000	195		
REFERENCE	E :	841907	8094434		
AUTHORIZATION	1 :	Lack			
COST LIMIT	:	\$ 25.00	end		
	. =	 			
ORDER DATE : July 28, 2022					
ORDER TIME : 9:44 AM					
ORDER NO. : 841907-038					
CUSTOMER NO: 8094434					
	-	-			
CHANGE OF AGENT					
NAME: ATLAS ORGANI	CS II	NDIAN RIVE	₹,		
LLC					
PLEASE RETURN THE FOLLOWING A	S PRO	OOF OF FILE	ING:		
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weil	and				
E	IIMAX	NER'S INIT	IALS:		

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.

		(b)	
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	156 MAGNOLIA STREET	156 MA	GNOLIA STREET
	SPARTANBURG, SC 29306	SPARTA	ANBURG, SC 29306
	12/17/2019	M190000	12003
	Date of filing/registration in Florida	4.	Document number
(a)			
. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of St	
	COGENCY GLOBAL INC.		
	Registered Office Address (MUST BE FLORIDA STREET	"ADD#FSSI	_
	115 N CALHOUN ST #4	ADDALSSY	
			202 T
	TALLAHASSEE, F	. 32301 L	FIL 2022 JUL 29 TALLAHA
(b)			Fig. 29 F
` '	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		L29 AM 9 AMASSEE.
			1 9 D
	Corporation Service Company		- INTE
	NEW Registered Office Address:		m N
	1201 Hays Street		
	Tallahassee F	32301	
hange gent v 'as/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	iws of the State of F e registered office a iability company, it of the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
/s/W	illiam Caesar	William Caesa	ar, Manager
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
herei	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ty reflect a change in the registered office address. I	ree to act in this cap	pacity. I further agree to comply with the

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