## E80 05 | 0000 PM

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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RECEIVED MII: 29

CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000003	.95	
	REFERENCE	:	253154	7528590	
i	AUTHORIZATION	:	Careed	Lena	ر ا
	COST LIMIT	:	/ A	740.00	
ORDER DATE : Jan	nuary 8, 2024				• •
ORDER TIME : 10	:37 AM				
ORDER NO. : 25	3154-009				
CUSTOMER NO:	7528590				2024. SEC
	CUANCE OF A	 ⊂ ₩₩	<b></b>		LLAND 10
NAME:	CHANGE OF AC	<u>JEN</u>	<u>1</u>		700 TO 12 TO
PLEASE RETURN THE  CERTIFIED  XX PLAIN STA		PR	OOF OF FILI	ING:	
CONTACT PERSON:	Eyliena Baker				

EXAMINER'S INITIALS:

## 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) 751 ARBOR WAY HILLCREST 1		(b) 751	(b) 751 ARBOR WAY HILLCREST 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)			
	SUITE:150	SUIT	ΓΕ:150			
	BLUE BELL, PA 19422	BLU	BLUE BELL, PA 19422			
	12/19/2019	M190	00012083			
	Date of filing/registration in Florida	4.	Document number			
(a)						
	Registered Agent and Registered Office shown on the records of COGENCY GLOBAL INC.	of the Florida Dept. c	of State:			
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	<del></del>			
	115 NORTH CALHOUN ST. SUITE:4					
	TALLAHASSEE	32301	E PL			
	.,	L	ACRE JA			
(b)	Enter name of NEW Registered Agent and/or NEW Registered					
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	PACE PACE			
	Corporation Service Company		177 C 1875 C			
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee , F	32301 L				
iange jent v as/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered offic lability company of the limited lia	te and the business office of the registered the change(s) to the change(s) to the change in the ch			
	/S/ Eileen Cohan Eile		nan, Authorized Person			
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee			
here ovisi 2 obl	by 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 providely reflect a change in the registered office address. I	ree to act in this performance of ed for in Chapter	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed			

Grace E. Kirby, Asst. Vice President
Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314

Signature of Registered Agent