	•			
(Requestor's Name)				
(Address)				
(Ac	ldress)	<u> </u>		
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nan	ne)		
`	•	,		
(Dx	ocument Number)			
rtified Copies	Certificates	s of Status		
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		;		
				

Office Use Only



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February 26, 2021

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	y 20, 2021	<u> </u>	
Name:lar	n Reilly		
Reference #:	1333942	<u> </u>	
Entity Name:	PEC	PABLE, LLC	
Articles of Inco	rporation/Auth	norization to Transact Busin	ess
Amendment			
Change of Age	nt		
Reinstatement			
Conversion			
☐ Merger			
☐ Dissolution/Wit	hdrawal		
☐ Fictitous Name			
Other			
Authorized Amour	nt: \$ 2	25.00	
Signature:	-lu	Thuy	

-1.212.947.7200

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

t. N	ame of the limited liability company: PEOPABLE	, LLC		
2. (a)		(b) _		
2. (u)	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)	
	No Change	_ <u>N</u>	lo Change	
	April 13, 2020		M20000003820	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Incorp Services, Inc.			
, ,	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:	
	17888 67TH COURT NORTH,			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
				
	LOXAHATCHEE , FL	33470		
	COGENCY GLOBAL INC.			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addres		
			2021	
	115 North Calhoun St., Suite 4		2021 FEB	
	NEW Registered Office Address:		14 N 17	
			The state of the s	
			SSEE. PA	
	Tallahassee	32301	in a	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, <u> </u>	一	
the cha agent was/wi	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of the organization or the operating agreement of the	the register ability comport the limited	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
(Y	Wen Kellow	R	yan Kelley , Member/Chairman	
Signa	tur of a member or authorized representative of a member	 "	Printed or typed name of signee	
the obj to mer notifie	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is discussed in the second office address, I is a writing of this change.	pertormano	e of my duties, and I am familiar with and accept	
	im Mayville re of Registered Agent			
Tim Mayville, Assistant Secretary				
	Division of Corporations P.O. 1	Box 6327• "	Tallahassee, FL 32314	

FILING FEE: \$25.00