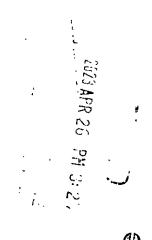
## M20000005258

(Requestor's Name)	
(Address)	_
·	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
: Copies Certificates of Status	
Instructions to Filing Officer	٦
Office Use Only	_



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A. DD.C. ,

APR 2 7 2023



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

Account#: I20000000088

Date: 0	4/26/2023	
Name:	Merritt Walker	
	1961415	
Entity Name:_	FPG AG	ENCY, LLC
☐ Articles	of Incorporation/Authorization to	Transact Business
Amendi	ment	
Change	e of Agent	
☐ Reinsta	tement	
Conver	sion	
☐ Merger		
☐ Dissolu	tion/Withdrawal	
☐ Fictitiou	is Name	
Other_		
Authorized Am	nount: <b>\$25</b>	
Signature:	mw	

F: 800.944.6607

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.

l. Na	me of the limited liability company: FPG AG	ENC,	Y, LLC		
2. (a)		(b	)		
_, ,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ma	_	nited liability company: POST OFFICE BOX)
	No Change	<del></del>	No Chang	је	
	April 27, 2010		M2	0000005258	
3.	Date of filing/registration in Florida	4.	I.	Document numb	er
5. (a)	CORPORATION SERVICE COMPANY				
(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State:		
	1201 HAYS ST				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS			
	TALLAHASSEE .FI	32301			2023
(b)	COGENCY GLOBAL INC.				APn
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:		26
	115 North Calhoun St., Suite 4				<u>.</u>
	NEW Registered Office Address:				. 12
	Tallahassee	32301			
the cha agent w was/we	mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members coles of organization or the operating agreement of the	ys of the the regisability co	tered office a mpany, it is l ited liability (	and the business hereby confirmation or as a	s office of the registered ed that the change(s)
	omas M. Kominsky	Thor	nas M. Kon	<u> </u>	
Signat	ure of a member or authorized representative of a member		I	rinted or typed na	me of signee
provisi the obli to mere notifico	by accept the appointment as registered agant and agrons 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. It is writing of this change.  Chael Carlisle	performe d for in (	ince of my di hanter 605	uies, and Lam j F.S. Or, if this	familiar with and accept document is being filed

Michael Carlisle, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent