## 

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



61:11HW 1- CHESS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 331080\_ 7652859

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 23, 2024

ORDER TIME : 2:32 PM

ORDER NO. : 331080-054

CUSTOMER NO: 7652859

ساعت المسابق ا مسابق المسابق المسابق

CHANGE OF AGENT

NAME: PLC ASO, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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.

1. Na	ame of the limited liability company: PLC ASO, LLC	:					
			b)		<u>-</u>		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	('	<u></u>	Mailing addre	ess of limite		
	177 Meeting St Suite 300		177 M	eeting St Suite	e 300		
	MT Charleston, SC 29401		MT Ch	arleston, SC 2	29401		
	08/10/2020		M20006	0006924			
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document	number		
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records o	fthe Florid	a Dept. of S	State:			
	COGENCY GLOBAL INC.						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	<del></del>			
	115 N CALHOUN ST #4						
	TALLAHASSEE	32301				107: HAR 1-14	
(b)						1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	<u>ldress</u> :		SS	-	-
	Corporation Service Company				SSEE, F	AH III I	-
	NEW Registered Office Address:				- LE	<u>-</u> 9	
	1201 Hays Street				1.1	_	u.
	Tallahassee	32301					
	··			<del></del>			
change agent v was/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 liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registere iability co of the lin	ed office ompany, i nited liabi	and the busing it is hereby co ility company	ess office nfirmed t	of the hat the	registered change(s)
	Lie E. Cionie	JILI	L CILMI,	AUTHORIZE	) PERSO	N	
Signa	ture of a thember or authorized representative of a member			Printed or ty	ped name o	of signed	:
provisi the obl to mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I immitting of this change.	e performe ed for in C hereby co	ance of n Thapter 6 Onfirm th	iv duties, and 605, F.S. Or, i at the limited	l am fami if this doc liability c	iliar wi ument ompan	ith and accept is being filed ny has been
Signatur	Drace 7-Kuble	GRACE	E. KIRE	BY, ASST. VI	CE PRES	SIDEN	T