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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE FRANCIS L. DEAN & ASSOCIATES, LLC

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JAN 24 2025

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	FRANCIS L. DEAN & ASSOCIA	TES, LLC	
DODA'D.		me of Limited L	iability Company
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.
Please re	eturn all correspondence concerning t	his matter to the	following:
Alicia R	ichards		
	Name of Person		
Register	ed Agent Solutions, Inc.		
	Firm/Company		
Corporat	e Center One, 5301 Southwest Pkwy, Ste	: 400	
	Address		
Austin, 7	TX 78735		
	City/State and Zip Code		
E-1	mail address: (to be used for future ar	nual report notif	ication)
For furth	ner information concerning this matte	r, please call:	
Alicia R	ichards	888 at (705-727 4
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the followin	g amount:	
	S25 Filing Fee	□ s	55 Filing Fee & Certified Copy
INHS18	(2/14)		

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.

. (a)	12800 UNIVERSITY DRIVE (b) 1			2800 UNIVERSITY DRIVE				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				-		ability company: DFFICE BOX)	
	#125		#1	25 ——				
	FORT MYERS. FL 33907	<u></u>	FC	ORT N	MYERS, FL 339	907		
	8/19/2020		M20	00000	07197			
. (a)	Date of filing/registration in Florida COGENCY GLOBAL INC.	4.			Document	number		
(a)	Registered Agent and Registered Office shown on the records o 115 NORTH CALHOUN ST. STE 4 Registered Office Address (MUST BE FLORIDA STREET)			t. of St	late:			
	TALLAHASSEE , F	L_32301			<u> </u>	î. :	2025	
(b)	Registered Agent Solutions, Inc.					•	1925 J.M. 2	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d OMce</u>	<u>address</u>	į.				
	2894 Remington Green Ln.					_		
	NEW Registered Office Address:				_	<u>.</u> .	- [: 2	
	Ste. A						ω	
	Tallahassee, F	L			<u> </u>			
nange gent w as/we e arti	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited limited by an affirmative vote of the members cles of organization or the operating agreement of the following Down	e registo iability of the le limited	ered of compa imited	fice a ny, it liabil ity co	and the busine t is hereby con lity company o	ss office of firmed that	the registered the change(s) vise provided i	
/ Signat	ure of a member or authorized representative of a member	_			Printed or typ	ned name of si		
hereb	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to a perfor ed for it hereby	ect in the mance i Chap confiri	his ca of m ter bl m tha	ipacity. I furth y duties, and I 05, F.S. Or, if it the limited l	ner agree to am familia this docum iability com	o comply with in or with and according fit opens is being fit opens has been	

Signature of Registered Agent