## M20000010356

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(C	ity/State/Zip/Phone	#)			
PICK-UP	MAIT	MAIL.			
(B	usiness Entity Nam	e)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:				
		:			
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Office Use Only



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A. BUTLER AUG - 2 2022



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

Account#: I20000000088

Date: 08	3/01/2022	
Name:	Merritt Walker	_
	1736743	_
Entity Name:	PREMIER ELEV	ATOR SERVICES, LLC
☐ Articles o	of Incorporation/Authorization	to Transact Business
Amendm	ent	
✓ Change (	of Agent	
Reinstate	ement	
Conversi	on	
Merger		
☐ Dissolution	on/Withdrawal	
☐ Fictitious	Name	
Other		
Authorized Amo	unt: <b>\$25</b>	
Signature:		

F: 800.944.6607

## 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. N	ame of the limited liability company: PRE	PREMIER ELEVATOR SERVICES, LLC				
2. (a)	Principal office address of limited liability con (Note: MUST BE STREET ADDRES)			- , -		
	No Change	No C	hange			
	November 13, 2020		M20000010356			
3.	Date of filing/registration in Florida	a 4.	Document number			
5. (a)						
	Registered Agent and Registered Office shown on the	crecords of the Florida Dept, of	State:			
	1201 Hays Street		<del></del>			
	Registered Office Address (MUST BE FLORIDA	A STREET ADDRESS!		보 <u>다.</u> 2일까	2022 AUG	
	Tallahassee	, F132301-2525	<u>.</u>	_濟 >로	AUG	
(b)	COGENCY GLOBAL INC.			エニ ジュ		1
Enter name of NEW Registered Agent and	Enter name of NEW Registered Agent and/or NEW	Registered Office address:			P	} ****
	115 North Calhoun St., Suite 4			STAT	9: 04	-
	NEW Registered Office Address:			<b>₹</b> ₹1	*	
	Tallahassee					
the cha agent ags/w	imited liability company is not organized unguinge or changes are made, the Florida street a wilt be identical. Or, in the case of a Florida ere authorized by an altirmative vote of the nicles of remization of the operating agreements.	address of the registered of limited liability company, nembers of the limited liab	ffice and the business offi it is hereby confirmed th bility company or as other	ice of th at the ci	e regist hange(s	tered ()
Signa	itur/of a member or authorized representative of a men	nber Jiya	Printed or typed name of	Signee		
	by accept the appointment as registered ages		• •	•	ily with	the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Isl Sean Honan

Signature of Registered Agent

Sean Honan, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: S25.00