120000010662

| (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: | | | | |
| | | | | |
| | | | | |
| J. Dennis 01.24.05 | | | | |

Office Use Only



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2025 JAN 24 AM 8: 47



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

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

| Date: | 01/23/2025 | | | | | | |
|-------------------------------------|-------------------------------------|----------------------|--|--|--|--|--|
| Name: | Ovidshel Occean Jr. | _ | | | | | |
| Reference | #:2565742 | _ | | | | | |
| Entity Name: AIOLOS MANAGEMENT, LLC | | | | | | | |
| | cles of Incorporation/Authorization | to Transact Business | | | | | |
| _ | endment | | | | | | |
| _ | nge of Agent estatement | | | | | | |
| Con | version | | | | | | |
| ☐ Merç | ger | | | | | | |
| Diss | olution/Withdrawal | | | | | | |
| Fiction | tious Name | | | | | | |
| ☐ Othe | er | | | | | | |
| | | | | | | | |
| Authorized | | | | | | | |
| Signature: | O. Buen Ju. | | | | | | |

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.

| 1. Na | ame of the limited liability company: AIOLOS | AIOLOS MANAGEMENT, LLC | | | |
|-------------------------------|--|--|-----------------------------------|---|--|
| 2. (a) | | (b) | | | |
| (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | No Change | No C | hanç | ge | |
| | November <u>2</u> 0, <u>2</u> 020 | _ | M2 | 20000010662 | |
| 3. | Date of filing/registration in Florida | 4. | Ι | Document number | |
| 5. (a) | Brandon Deer | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of | of the Florida Dept. of | State: | | |
| | 4121 Hardie Ave | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | T ADDRESS) | | . 2 | |
| | | | | ±86 85 7 | |
| | Miami, F | _{L_} 33130 | | DZ5 JAN 24 SECRETARY O | |
| (b) | COGENCY GLOBAL INC. | | | # AM 8: 47 Y OF STATE | |
| | Enter name of NEW Registered Agent and/or NEW Registered | ed Office address: | | 1.05 1.05 1.05 1.05 1.05 1.05 1.05 1.05 | |
| | 115 North Calhoun St., Suite 4 | | | 8: 47 STATE TORROT | |
| | NEW Registered Office Address: | | | | |
| | Tallahassee | _{EL_} 32301 | | | |
| | | | | | |
| the cha agent v was/we | imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the registered o liability company s of the limited lia | office a , it is l bility | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| /s/ Br | randon Deer | Brandon D | eer | Authorized Person | |
| Signa | ture of a member or authorized representative of a member | | | Printed or typed name of signee | |
| provisi the obl to mere | by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provia ely reflect a change in the registered office address, d in writing of this change. | gree to act in this le performance of led for in Chapter I hereby confirm i | capac my di 605, that th | city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been | |
| | mothy Mayville | | | | |
| Signatu | re of Registered Agent | | | | |

Timothy Mayville, Assistant Secretary
Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314
FILING FEE: \$25.00