M200000 1125

	(Requestor's Name)						
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) entified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)						
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) entified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)						
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) entified Copies Certificates of Status Special Instructions to Filing Officer:	(City/State/Zip/Phone #)						
(Document Number) ertified Copies Certificates of Status Special Instructions to Filling Officer:							
Certificates of Status Special Instructions to Filing Officer: J. HORNE	(Business Entity Name)						
Special Instructions to Filing Officer: J. HORNE	(Document Number)						
J. HORNE	ertified Copies Certificates of Status						
J. HORNE FEB - 6 2025	Special Instructions to Filing Officer:						
	J. HORNE FEB - 6 2025						

Office Use Only



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

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:02/05/2025	
Name: Ovidshel Occean Jr.	
Reference #:	
Entity Name: INTEGRA ASSET SOLUTIONS, LLC	
Articles of Incorporation/Authorization to Transact Business	
Amendment	
Change of Agent	
Reinstatement	
Conversion	
Merger Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount:\$25.00	
Signature:	

F: 800.944.6607



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Account#: 120000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	02/05/2025	
Name:	Ovidshel Occean Jr.	-
Reference #	2634637	_
	INTEGRA ASSI	T SOLUTIONS, LLC
☐ Article	es of Incorporation/Authorization	to Transact Business
Amer	ndment	
✓ Chan	ge of Agent	
☐ Reins	statement	
Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
☐ Fictitie	ous Name	
Other		
Authorized A		
Signature:	T. Guen Ju	

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

2000 Center Drive, Colab Suite	(b)	2000 Center Drive, Colab Suite			
Principal office address of limited liability compo		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
Hoffman Estates, IL 60192		Hoffman Estates, IL 60192			
December 3, 2020		M20000011215			
Date of filing/registration in Florida	4.	Document number			
Registered Agents Inc					
Registered Agents Inc Registered Agent and Registered Office shown on the received agent.	cords of the Florida	Dept. of State:			
	cords of and thorida				
7901 4th St N, STE 300		••••			
7901 4th St N, STE 300		<u> </u>			
7901 4th St N, STE 300 Registered Office Address (MUST BE FLORIDA ST St. Petersburg	TREET ADDRESS)	2025 FE			
7901 4th St N, STE 300 Registered Office Address (MUST BE FLORIDA ST	reet address) , FL_33702	2025 FEB -5			
7901 4th St N, STE 300 Registered Office Address (MUST BE FLORIDA ST St. Petersburg COGENCY GLOBAL INC.	reet address) , FL_33702	2025 FEB -5			
7901 4th St N, STE 300 Registered Office Address (MUST BE FLORIDA ST St. Petersburg COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Re	reet address) , FL_33702	2025 FE			

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/	Jo	hn	Ma	gn	us	on
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John Magnuson

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

/s/ Michael Carlisle

Signature of Registered Agent

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