

M21000001271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

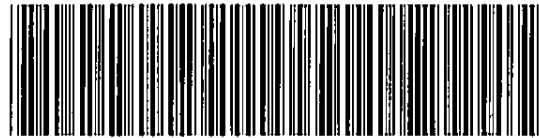
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600441951746

RECEIVED

2025 FEB 10 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2025 FEB 10 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 963472 8334284

AUTHORIZATION :

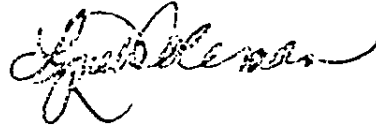
COST LIMIT : \$ 25.00

ORDER DATE : February 6, 2025

ORDER TIME : 2:21 PM

ORDER NO. : 963472-006

CUSTOMER NO: 8334284



CHANGE OF AGENT

NAME: COBBLESTONE USA 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. Name of the limited liability company: <u>COBBLESTONE USA LLC</u>	
2. (a) <u>2330 PONCE DE LEON BLVD</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>CORAL GABLES, FL 33134</u>	(b) <u>2330 PONCE DE LEON BLVD</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>CORAL GABLES, FL 33134</u>
3. <u>02/01/2021</u> Date of filing/registration in Florida	4. <u>M21000001271</u> Document number
5. (a) <u>WORLDWIDE CORPORATE ADMINISTRATORS LLC</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>2330 PONCE DE LEON BLVD</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>CORAL GABLES, FL 33134</u>	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>Corporation Service Company</u> <u>NEW Registered Office Address:</u> <u>1201 Hays Street</u> <u>Tallahassee, FL 32301</u>	

FILED
2025 FEB 10 AM 10:30
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.

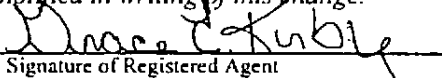
/s/ Jose Chacalo Hilu

Jose Chacalo Hilu, Authorized Person

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.


Signature of Registered Agent