## MM21860

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
J. HORNE			
JUN 3 11 2022			
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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

Date:_	06/29/2023	
Name:	Chris Vick	_
Refere	nce #: <b>2035415</b>	_
Entity I	Name: 7800 UNIVE	RSAL BLVD LLC
	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
<b>7</b>	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Author	ized Amount: \$25.00	
Signati		



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Account#: 120000000088

Date:	06/29/2023	
Name:	Chris Vick	
Reference	#: <b>2035415</b>	
Entity Name	e: <b>7800 UNI</b> \	/ERSAL BLVD LLC
☐ Artic	les of Incorporation/Authorizati	on to Transact Business
☐ Ame	endment	
✓ Chai	nge of Agent	
☐ Rein	statement	
Con	version	
☐ Mero	ger	
☐ Diss	olution/Withdrawal	
☐ Fiction	tious Name	
☐ Othe	er	
Authorized	Amount: \$25.00	<del></del>

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

( <u> </u>	(b) _	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
No Change	<u>-</u>	No Change
April 21, 2021		M21000004786
Date of filing/registration in Florida	4.	Document number
CORPORATION SERVICE COMPANY		
Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of State:
1201 HAYS STREET		
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
		20 FAL S
TALLAHASSEE , FI	32301-2	2525 TO A STATE OF THE STATE OF
COGENCY GLOBAL INC.		SECRETA 29
Enter name of NEW Registered Agent and/or NEW Registered	l Office addre	
445 North Calbarra Ct. Cuita 4		ح ت
115 North Calhoun St., Suite 4		
NEW Registered Office Address:		
Tallahassee, FI	_32301	
limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liferer authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the St f the registe ability com of the limite	ered office and the business office of the regis apany, it is hereby confirmed that the change(sed liability company or as otherwise provided
		en Kakarla
laveen Kakarla	ivavee	ii Nakalla

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/ Timothy Mayville

Signature of Registered Agent

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