## M2/D00008359

| (Requestor's Name)                      |   |
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| (Address)                               | _ |
| (1001033)                               |   |
| (Address)                               | _ |
| (City/State/Zip/Phone #)                |   |
|   |   |
|   |   |
| (Business Entity Name)                  |   |
|   |   |
| (Document Number)                       | - |
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| Certified Copies Certificates of Status |   |
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| Special Instructions to Filing Officer. |   |
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| 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#: 12000000088 For any issues please contact Cheyanne Davis Date:\_\_\_\_07/11/2024 (850) 202-1882 Name: \_\_\_\_ Cheyanne Davis 2406422 Reference #: \_\_\_\_\_ 223 SUNSET HOLDINGS, LLC Entity Name: \_\_\_\_ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawat Fictitious Name Other\_\_\_\_\_

| Authorized Amount: | \$25.00     |  |
|--------------------|-------------|--|
| Signature:         | Grupunetaka |  |

CORPORATE HQ COGENCY GLOBAL INC. 10 E 40<sup>th</sup> SI, 10<sup>th</sup> FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY UNIT B, I/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852,2682,9633 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.

| Principal office address of limited hability company:<br>( <u>Note: MUST BE STREET ADDRESS</u> ) | (b) _  | Mailing address of limited liability company<br>( <u>Note: MAY BE POST OFFICE BOX</u> )  |
|--|--|--|
| No Change  | N  | lo Change  |
| June 30, 2021  |  | M2100008359  |
| Date of filing/registration in Florida   | 4.   | Document number  |
| CORPORATION SERVICE COMPANY  |  |  |
| Registered Agent and Registered Office shown on the records                                      | of the Florida De  | pt. of State:  |
| 1201 HAYS STREET   |  |  |
| Registered Office Address (MUST BE FLORIDA STREE   | <u>(T.ADDRESS)</u>   |  |
| TALLAHASSEE  | FL_32301   |  |
| COGENCY GLOBAL INC.  |  |  |
| Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>                              | red Office addres  | <u>«</u> <u>5</u> , <del>5</del>  |
| 115 North Calhoun St., Suite 4   |  |  |
| <u>NEW</u> Registered Office Address:  |  |  |
| Tallahassee  | <sub>FT</sub> 32301  |  |
|  | Principal office address of limited hability company:<br>( <u>Note: MUST BE STREET ADDRESS</u> )<br>No Change<br>June 30, 2021<br>Date of filing/registration in Florida<br>CORPORATION SERVICE COMPANY<br>Registered Agent and Registered Office shown on the records<br>1201 HAYS STREET<br>Registered Office Address <u>(MUST BE FLORIDA STREE</u><br>TALLAHASSEE<br>COGENCY GLOBAL INC.<br>Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u><br>115 North Calhoun St., Suite 4<br><u>NEW</u> Registered Office Address: | Principal office address of limited trability company:<br>( <u>Note: MUST BE STREET ADDRESS</u> )<br>No Change No Ch |

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/ Tim Mayville

Signature of Registered Agent

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