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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

F47 Eddmann.				
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## LLC REGISTERED AGENT CHANGE STG PACIFIC, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

LIMITED LIABI	LITY COMPANY	
Pursuant to the provisions of sections 605.0114 or 605.0116	6. Florida Statutes, the undersigned limited liability compar	ny of
submits the following statement in order to change its rej		<u>"/</u>
Florida.  1. Name of the Limited Liability Company:    STG PACIFI	C, LLC	
1. Name of the Limited Liability Company.		
2. (a) 3700 CENTERPOINT DRIVE SUITE 8155	(b) 3700 CENTERPOINT DRIVE SUITE 81	<u>5</u> 5
Principal office address of limited liability company:	Mailing address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)	
ANCHORAGE, AK 99503	ANCHORAGE, AK 99503	<u>-</u>
7/7/2024	M21000008615	
7/7/2021  Date of filing/registration in Florida	4. Document number	-
3. Date of filing/registration in Florida	4. Dovument manuer	
5. (a) COGENCY GLOBAL INC.	,	
Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:	
115 NORTH CALHOUN ST. SUITE 4		
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	<b>20</b> °	
TALLAHASSEE, FI	<u></u>	
	FILED  2025-APR-18—AH-9:-39  AIT ATTACK OF STATE  1 Office address:	
(b) Capitol Corporate Services, Inc.		
Enter name of NEW Registered Agent and/or NEW Registered	t Office address:	
	[ <u>9</u>	
515 East Park Avenue 2nd Fl	9:-39 	
NEW Registered Office Address:		
Tallahassee FI	32301	
, FL		
If the limited liability company is not organized under the la	ws of the State of Florida, it is hereby confirmed that after	
the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited li	t the registered office and the business office of the registers whility company, it is hereby confirmed that the change(s)	מג
was/were authorized by an affirmative vote of the members of	of the limited liability company or as otherwise provided in	
the articles of organization or the operating agreement of the		
/S/ Brian Midyett	Brian Midyett President	_
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 ag provisions of all statutes relative to the proper and camplete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I notified in writing of this change.	e performance of my fattles, and I am familiar with and acce ed for in Chapter 605, F.S. Or, if this document is being file hereby confirm that the limited liability company has been	e pj d
	Radecki, Assistant Secretary on	
Signature of Registered Agent behalf	of Capitol Corporate Services, Inc.	
Division of Corporations • P.O.	Box 6327 Tallahassee, FL 32314	

FILING FEE: \$25.00

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