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· · · · · · · · · · · · · · · · · · ·	(Requestor's Name)
	(Address)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

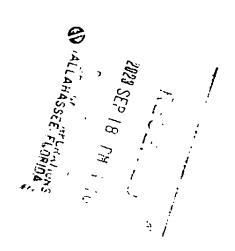
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THE ED





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

Account#: 120000000088

Date:	09/18/2023	
Name:	A. I.D.I.A	_
Reference	#:2122006	_
Entity Name	e:WENGEN IN	VESTMENTS, LLC
Artic	les of Incorporation/Authorization	to Transact Business
☐ Ame	endment	
✓ Char	nge of Agent	
☐ Rein	estatement	
Con	version	
☐ Merç	ger	
☐ Diss	olution/Withdrawal	
Fiction	tious Name	
☐ Othe	er	
Authorized	Amount: \$25.00	

F: 800.944.6607

COVER LETTER

TO:

INHS18 (2/14)

то:	Registration Section Division of Corporations	
SUBJI	ECT:	VENGEN INVESTMENTS, LLC
		ame of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the following:
	Name of Person	
	COGENCY GLOBAL INC	3 .
	Firm/Company	
	115 North Calhoun Street, S	uite 4
	Address	
	Tallahassee, FL 32301	
	City/State and Zip Code	2
	dlittwin@dugganbertsch.c	
ŀ	E-mail address: (to be used for future a	innual report notification)
For fu	rther information concerning this matt	ter, please call:
		at ()
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the follow	ing amount:
	S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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.

Name of the limited liability company:			WENGEN INVESTMENTS, LLC					
2. (a)	9155 SLOANE STREET Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 9155 SLOANE STREET				
2. (11)	/				Mailing address of lir (Note: MAYBE F		-	
		ORLANDO, FL 32827	 -		ORLANDO,	FL 328	27	
		08/24/2021	_ _		M2100001			
3.		Date of filing/registration in Florida	4.		Document numb	oer		
5.	(a)	DUGGAN BERTSCH PLLC						
		Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of S	tate:			
		875 109TH AVENUE N.						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		Suite 302				⊼ ⊘	201	
(b)		NAPLES, FL		34108	 -	LL AH	2023 SEP 18	\neg
	(b)	Cogency Global Inc.				P 16 GRY JASSE	T M	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			SEP 18 AM 9: 56 LAHASSEE, FLORIDA			
		115 North Calhoun Street, Suite 4						
		NEW Registered Office Address:				DA DA	ð	
		Tallabassas		22201	_			
		Tallahassee, FL		32301				
the age was the	cha nt v s/we arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ISI James M. Duggan	f the re lability of the	egistered off / company, i limited liabi	fice and the busines it is hereby confirm fility company or as company. James M. Du	s office ed that otherw ggan	of the the ch ise pro	registered ange(s)
S	igna	ture of a member or authorized representative of a member			Printed or typed na	me of sig	ince	
pro the to n	visi obl nere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I I'm writing of this change.	ree to perfo ed for hereb	act in this cornance of m in Chapter 6 y confirm the	apacity. I further a ny duties, and I am , 505, F.S. Or, if this at the limited liabil.	gree to familia docum ity com	comp r with ent is pany l	ly with the and accept heing filed as heen
		/S/ Sean Chase						
Sig	natu	re of Registered Agent						