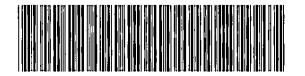
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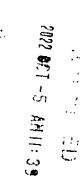
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A. BUTLER OCT - 6 2022



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

Account#: I20000000088

Date:	10/04/2022	
Name:	Greg Pintacuda	
Reference #	#:1759733	
	EKELLER	R WILLIAMS, LLC
∐ Articl	les of Incorporation/Authorizati	on to Transact Business
Ame	ndment	
✓ Char	nge of Agent	
Rein	statement	
Conv	version	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictit	ious Name	
Othe	r	
Authorized A	Amount: \$25	
Signature: _	HETT	 

F: 800.944.6607

+44 (0)20.3961.3080

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.

2. (a)		(b)_		<u> </u>			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change		No Cha	nge			
	August 25, 2021		N	И2100001126	8		
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	Corporation Service Company						
, ,	Registered Agent and Registered Office shown on the records of	f the Florida De	ept, of Stat	e:			
	1201 Hays Street				.,,	2	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		_	TATE TATE	2022 OCT -5	E 20-10-4
	Tallahassee F	32301-2	525			ن ا	3
(b)	COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered		•	_	CRLIBAL OF STAT PALLABACTER FI	5 AM 10: 59	
	115 North Calhoun St., Suite 4				i.i.	a)	
	NEW Registered Office Address:			_			
	Tallahassee, F	, 32301		_			
the cha agent v was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registe inbility com of the limite	red office pany, it i ed liabilit	e and the busing is hereby confin ty company or a	less office rmed that t	of the	registered inge(s)
	States Oriner			Stace	y Onnen		
Signat	ure of a melliber or authorized representative of a member			Printed or typed	name of sig	nec	
provisi the obl to mere	ov 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 by reflect a change in the registered office address, I I'm writing of this change.	ree to act in e performan ed for in Che hereby conj	this cap ce of my apter 60; firm that	pacity. I further duties, and I a 5, F.S. Or, if the the limited lian	r agree to m familiar his docume hility comp	compl with a ent is h pany h	y with the ind accept wing filea as been

Signature of Registered Agent

/s/ Sean Honan