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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	06/18/2024	
Name:	Patrice Rush	<u> </u>
Reference #	2401870	<u> </u>
Entity Name	MM CS	SERVICES, LLC
Article	es of Incorporation/Authorization	n to Transact Business
Amen	ndment	
	ge of Agent	
☐ Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	mount: \$25.00	
Signature:	(Past M	



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☐ Merge	er	
☐ Disso	lution/Withdrawal	
☐ Fictitio	ous Name	
Other		
Authorized A	() (1)	<del>-</del>
Signature:	( Freshor	



/s/ Timothy Mayville
Signature of Registered Agent

## 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.

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  Change  M21000011317  Document number  State:
M21000011317  Document number  State:
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Florida, it is hereby confirmed that after fice and the business office of the registe it is hereby confirmed that the change(s) company or as otherwise provided in company.
Printed or typed name of signee

Timothy Mayville Assistant Secretary
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314