m2/000/1450

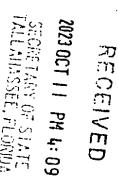
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(Requestor's Name)						
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PICK-UP WAIT MAIL						
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Special instructions to Filing Officer	_					
Special Instructions to Filing Officer:						





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

Account#: I2000000088

Date:	10/11/2023	
Name:_	Juliana	
Referer	nce #: 2119630	
	lame: TALOS ENGINEE	RED PRODUCTS, LLC
	Articles of Incorporation/Authorization t	o Transact Business
√ (Change of Agent	
□ F	Reinstatement	
	Conversion	
<u> </u>	Merger	
	Dissolution/Withdrawal	
F	rictitious Name	
	Other	
Authoriz Signatu	zed Amount:	

F: 800.944.6607

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.

. (a)		(b) _		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited lia (Note: MAY BE POST O.	· ·
	No Change	 	o Change	
	August 30, 2021	_	M21000011450	
	Date of filing/registration in Florida	4.	Document number	
. (a)	CORPORATION SERVICE COMPANY			
٠,	Registered Agent and Registered Office shown on the records of	the Florida Dep	t, of State:	
	1201 HAYS STREET		7.	
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	 -	BC1
(b)	TALLAHASSEE FI	32301		2003 OCT 11 MI IO: 52
	COGENCY GLOBAL INC.			0:52
` '	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		~ · · · · ·	
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			
	Tallahassee, FI.	32301		
e chai ent w is/we	mited liability company is not organized under the lay nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registere ability compa of the limited	d office and the business office my, it is hereby confirmed that liability company or as otherw	of the registered the change(s)
	2n 12		Reidy Authorized Person	
-/- Murali	re of a member or authorized representative of a member		Printed or typed name of sig	

I bereby 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/ Timothy Mayville

Signature of Registered Agent