M210000 12513

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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
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	07/11/2024	(850) 202-1882
Name:	Cheyanne Dav	<u>vis</u>
Reference #:	2406422	<u> </u>
		23 SA HOLDINGS, LLC
☐ Article	es of Incorporation/Aut	horization to Transact Business
Amen	dment	
✓ Chang	ge of Agent	
Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
Disso	ution/Withdrawal	
☐ Fictitio	ous Name	
Other		
Authorized A	mount: \$2	5.00
Signature:	August Bra-	

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

(a)		(b)	
	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	N	o Change
	September 22, 2021		M21000012513
	Date of filing/registration in Florida	4.	Document number
(a)	CORPORATION SERVICE COMPANY		
(,	Registered Agent and Registered Office shown on the record	ls of the Florida De	pt. of State:
	1201 HAYS STREET		
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)	
			20
	TALLAHASSEE	, FL_32301-2	525
(b)	COGENCY GLOBAL INC.		the days
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office addres	<u>s</u>
, ,			- Manua
,	115 North Calhoun St., Suite 4		——————————————————————————————————————
			8 to 10: 48
	115 North Calhoun St., Suite 4 NEW Registered Office Address:	, FL 32301	——————————————————————————————————————
the I	115 North Calhoun St., Suite 4 NEW Registered Office Address:	e laws of the Sta ss of the register ed liability comp ers of the limited	ate of Florida, it is hereby confirmed that after ed office and the business office of the registe pany, it is hereby confirmed that the change(s) I liability company or as otherwise provided i

I hereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00