To: +18506176383 * 😁

Page: 2 of 3

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Division of Corporations



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Menu Corporate Filing Menu

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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 submus the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company:	OWNER, LLC	
2. (a)	C/O CARTER & ASSOCIATES, L.L.C.	(b) C/O C	CARTER & ASSOCIATES, L.L.C.
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (<u>Note: MAY RE POST OFFICE BOX</u>)
	39 GEORGE AVENUE SE SUITE 200	39 GE	ORGE AVENUE SE SUITE 200
	ATLANTA, GA 30312	ATLA	NTA, GA 30312
	11/22/2021	M21000	0013587
3. 5. (a)	Date of filing/registration in Florida COGENCY GLOBAL INC	4.	Document number
. (4)	Registered Agent and Registered Office shown on the records 115 NORTH CALHOUN ST.	s of the Florida Dept. of	'State:
(b)	Registered Office Address <u>(MUST BE FLORIDA STRE</u> SUITE 4	ET ADDRESS)	
	TALLAHASSEE	FL	2022
	National Registered Agents, Inc		APPR FIL 2022 HAR 28
	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:	
	1200 South Pine Island Road		
			8 AH IO: 55

the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Gil Patterson, CFO

Signature of a member or authorized representative of a member

Printed or typed name of signee

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

By: Druse Bell Denise Bell Assistant Secretary

Signature of Registered Agent

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00