Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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6-1		LLC REGISTERED AGENT CHANGE				
華,	2551 1551	TH DAYTONA BEACH 2595 IS LLC	: : <del>-</del>			

\*\*Enter the email address for this business entity to be used for future

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1/9/2025 12:28 24-PST , To. 18506176383 Page: 2/2 Fax: 8134365206

## 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.

. Na	ame of the limited liability company:	ACH 2595	IS LLC			_	
. (a)		(b)					
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)					
	10/20/2021	<u>M</u>	21000013	1951			
•	Date of filing/registration in Florida	4.		Document	number		
. (a)	COGENCY GLOBAL INC.						
` '	Registered Agent and Registered Office shown on the records of th	e Florida D	ept. of Stat	e:			
	115 N CALHOUN STREET, STE 4						
	Registered Office Address (MUST BE FLORIDA STREET A)	_					
	TALLAHASSEE . FL	32301		_	::.	202	
(b)	Registered Agents Inc	<u> </u>		_	. • : •	2025 JAN -9 NH 10: 32	<u></u> 
	Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	ess:			ယ်	in m
	7901 4th St N				· 		50
	NEW Registered Office Address:			_		0.	
	STE 300			-	1 <del>1</del> 2 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	22	
	St. Petersburg FL 3	33702		_			
ie cha gent v as/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of table to the liability of the liability of the liability of the members of a florida limited liability of the members of cless of organization or the operating agreement of the liability of the liabil	s of the S he registe pility com the limite	red office pany, it is ed liabilit	e and the bu s hereby con y company	isiness of ofirmed d	fice of hat the	the registere change(s)
	The first state of a member of a member and the first state of a member of a m	Robin .	Jones				
	•			Printed or ty		_	
herel rovisi ie obl mere otified	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I ha d'in writing of this change.	e to act in erforman for in Ch creby con	n this cap ce of my apter 605 firm that	acity. I furt duties, and 5, F.S. Or, i the limited	her agree I am fami f this doc liability c	to co iliar w sument sompar	mply with the ith and accept is being filed ny has been
	David Coorts David Roberts - Assistant Sec						

Signature of Registered Agent