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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

Date:	11/10/2023	
Name:	Juliana	
	ee #: 2176088	
	me:OFFIC	E PRIDE, LLC
☐ Ar	ticles of Incorporation/Authorization	
✓ Cł	nange of Agent	
☐ Re	einstatement	
Cd	onversion	
	erger	
☐ Di	ssolution/Withdrawal	
☐ Fi	ctitious Name	
O:	her	
Authorize	ed Amount: \$25.00	
Signature	e: Juliana Prestia	

F: B00.944.6607

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

l. Na	me of the limited liability company:	FICE PRIDE, LLC			
2. (a)		(b)			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability com (Note: MAY BE POST OFFICE BO	pany:	
	no change	_	no change		
	12/8/2021		M21000016598		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CORPORATION SERVICE COMPAN				
,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1201 HAYS STREET				
	Registered Office Address				
	TALLAHASSEE FIL	32301-25	2023 NOV 13 SECRETUS: TALL ASS	* * * * * * * * * * * * * * * * * * * *	
(b)	Cogency Global Inc.		···		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (
			PH 1: 0		
	115 North Calhoun Street, Suite 4	-	- 		
	NEW Registered Office Address:				
	Tallahassee , J:1,	32301			
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the registered bility compar I the limited l	l office and the business office of the ny, it is hereby confirmed that the cha iability company or as otherwise prov	registered nge(s)	
	/s/ David Gershman		David Gershman		
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee		
provis. the obt to mer	by accept the appointment as registered agent and agrious of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. It is a writing of this change.	ee to act in th performance I for in Chapt acreby confire	is capacity. I further agree to comply of my duties, and I am familiar with a er 605. F.S. Or, if this document is b n that the limited liability company ha	with the nd accept eing filed us been	
	/s/ Tim Mayville				
Signatu	are of Registered Agent				