M 22000001088

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	07/08/2022				
Name:_	Jennifer Bialowas				
Referen	ce #: 1735572				
Entity Na	ame: ARSENAL GROV	VTH EQUITY IV, LLC			
A	rticles of Incorporation/Authorization t	o Transact Business			
□ A	mendment				
√ C	hange of Agent				
□R	einstatement				
c	onversion				
	lerger				
☐ Dissolution/Withdrawal					
F	ictitious Name				
	ther	1			
Authoriz	ed Amount: 25.00				
Signatur	e:				

F: 800.944.6607

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.

1. Na	une of the limited liability company: ARSENAL	GROWT	H EQUI	TY IV, LLC
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	No Change		No Cha	nge
	January 21, 2022	 -	ļ	M22000001088
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	BROOKS, AMY			
` '	Registered Agent and Registered Office shown on the records of the Florida Dept, of State			ile:
	750 S ORLANDO AVE, STE. 200			
	Registered Office Address (MUST BE FLORIDA STREET	`,ADDRESS)	1	Toeument number Partie: The parties of the partie
	WINTER PARK	_{l.} _32789		0:52
(b)	COGENCY GLOBAL INC.			5,,
(11)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	lress:	_
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			_
	Tallahassee	_{L_} 32301		_
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cles of organization or the operating agreement of the	nws of the of the regis iability co of the lim	tered offic mpany, it ited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
			hn Trbov	• •
Signa	turnal and perfect 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.

/s/ Tim Mayville

Signature of Registered Agent