

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.1)
(Document Number)
Certified Copies Certificates of Status
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 11/18/2024			**WALK IN**
ENTITY NAME PEN	SACOLA OPCO, LLC		
DOCUMENT NUMBI	ER		
	PLEASE FILE THE	ATTACHED AND RETURN	
xxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	PLEASE OBTAIN THE FOL	LOWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts &	Amendments	
	Certified Copy of Arts &	Amendments Complete File (Including Annual Re	sports)
	Certificate of Status		
	Certificate of Status Refl.	lecting:	
	APOSTILLE' / NU	OTARIAL CERTIFICATION	
COUNTRY OF DESTIN	IATION		,
NUMBER OF CERTIFIC	CATES REQUESTED		
TOTAL OWED \$25.0)0	ACCOUNT # 120160000072	y: () W
Please call Tina at	the above number for any	y issues or concerns. Thank you so	much!

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)	235 W. AIRPORT BLVD	(b) ²³	(b) 235 W. AIRPORT BLVD			
()	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	PENSACOLA, FL 32505	PE	ENSACOLA, FL 32505			
	01/26/2022		2000001274			
	Date of filing/registration in Florida	4.	Document number			
(n)	COGENCY GLOBAL INC.					
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STR.) 115 N CALHOUN ST STE 4	EET ADDRESS)				
	TALLAHASSEE	, FL. 32301	20241 2038			
(b)						
b)	Platinum Agent Services LLC		FI ASIAS			
b)			6 .=- 111			
(b)	Platinum Agent Services LLC		÷			
(b)	Platinum Agent Services LLC Enter name of NEW Registered Agent and/or NEW Registered Agent Ag		FILED NOV 18 AM II: 51 RETARY OF STATE ANASSLE, FLORIDA			
(b)	Platinum Agent Services LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> and/or <u>NEW Registered Address</u> :	tered Office address	÷			
ne li nge nt v	Platinum Agent Services LLC Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Office Address: 155 Office Plaza Dr.	tered Office address FL 32301 e laws of the State of the registered of diability comparers of the limited	te of Florida, it is hereby confirmed that after ffice and the business office of the registered may, it is hereby confirmed that the change(so I liability company or as otherwise provided			

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/ Steven Friedman - Platinum Agent Services LLC President

Signature of Registered Agent