## W122000001345

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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2023 SEP 20 AM ID: 32

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ALLABASSEE, FLOR

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## COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT:	MECT: STEEL VALLEY MIGRATION, LLC  Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Ager	nt/Registered Office Cha	nge and fee(s) are	submitted for filing.
Please return all corresponder	nce concerning this matte	r to the following	;
None	e of Person		
Name	e or rerson		
COGENC	Y GLOBAL INC.		
Firm/	Company		
115 North Cal	houn Street, Suite 4	<del></del>	
Ado	dress		
Tallahas	see, FL 32301	<u>.                                    </u>	
City/Stat	e and Zip Code		
	gganbertsch.com		
E-mail address: (to be us	sed for future annual repo	ort notification)	
For further information conce	rning this matter, please	call:	
	at (	,	
Name of Pers		Area C	ode & Daytime Telephone Number
STREET/COURIER	RADDRESS:	MAILING	ADDRESS:
Registration Section		Registration	
Division of Corporati	ons		Corporations
Clifton Building	or Cirola	P.O. Box 63	27 Florida 32314
2661 Executive Cente Tallahassee, Florida 3		rananassee.	F.IOLIG9 25214
Enclosed is a check t	for the following amour	nt:	
□ \$25 Filing Fee		□ \$55 Filing	Fee & Certified Copy
INHS18 (2/14)			

## 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	me of the limited liability company:	STE	EEL VALLEY MIGRATION, LLC
2.	(a)	5480 MOSS RANCH RD	(b)	5480 MOSS RANCH RD
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		PINECREST, FL 33156	_	PINECREST, FL 33156
		01/27/2022	-	M22000001345
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	DUGGAN BERTSCH PLLC Registered Agent and Registered Office shown on the records of th		
		Registered Agent and Registered Office shown on the records of th	e Florida	a Dept. of State:
		875 109TH AVENUE N.		
		Registered Office Address (MUST BE FLORIDA STREET A)	<u>n</u>	
		Suite 302	<b>202</b>	
		NAPLES FL	34	2023 SEP 20 SECRET 430
	(b)	(b) Cogency Global Inc.		20 LE
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	SEP 20 AM IO: 30	
		115 North Calhoun Street, Suite 4	🔆 မ္လ	
		NEW Registered Office Address:	. 10	
		Tallahassee , FL	32	32301
the ag wa	e cha ent v is/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility con the limi	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
		/S/ James M. Duggan		James M. Duggan
	Signal	ture of a member or authorized representative of a member		Printed or typed name of signee
pro the to	ovisi e obl merc	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 By reflect a change in the registered office address, I ha I in writing of this change	performa Tor in C	vance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed
		/S/ Sean Chase		
Si	gnatu	re of Registered Agent		