M22000002929

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I20000000195 REFERENCE : 757958 7852099 AUTHORIZATION : COST LIMIT : \$ 25.00

ORDER DATE : May 18, 2023

ORDER TIME : 1:57 PM

ORDER NO. : 757958-005

CUSTOMER NO: 7852099

CHANGE OF AGENT

NAME: WESTEXEC ADVISORS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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	ame of the limited liability company: WESTEXEC AL	OVISOF	RS, LLC	
2. (a)	875 15 ST NW STE 550		(b) _875 15 S	T NW STE 550
L. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · —	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WASHINGTON, DC 20005		WASHING	GTON, DC 20005
	02/24/2022		M2200000	2929
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	COGENCY GLOBAL INC.			
, ,	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	115 N CALHOUN ST STE 4			
	TALLAHASSEE FI	32301		*** a7*.#E\
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office :	iddress:	AH II: 59
	Corporation Service Company	· ·		-
	NEW Registered Office Address:			
	1201 Hays Street			-
	Tallahassee	32301		_
change agent v was/we the arti Signar	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete igations of my position as registered agent as provide the profess of address. It	registe ability of the li- limited Re-	red office and company, it is mited liability completed liability completed Skory	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Printed or typed name of signee Octive I further garee to comply with the
al	tin writing of this change. Lean Weland-Grenson, AP Te of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00