## M220000033332

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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2022 JUL 18 PH 3: 28

A. BUTLER JUL 19 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 807787 7941640						
AUTHORIZATION Spelle Ran						
COST LIMIT : \$ 25.00						
ORDER DATE : July 15, 2022						
ORDER TIME: 1:57 PM						
ORDER NO. : 807787-082						
CUSTOMER NO: 7941640						
CHANGE OF AGENT						
NAME: SUMMIT TITLE AND CLOSING, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY  XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker						

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.

2. (a)	50 JORDAN STREET	,	b) 50 JORI	DAN STREET
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		<u> </u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	EAST PROVIDENCE, RI 02914		EAST PF	ROVIDENCE, RI 02914
	02/15/2022		M2200000	03332
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	COGENCY GLOBAL, INC.			
J. (a)	Registered Agent and Registered Office shown on the records	of the Florid	la Dept. of Sta	te:
	115 NORTH CALHUN STREET, SUITE 4			20
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	TALLAHASSEE	FL_32301		PILED 2022 JUL 18 PH 2: 49 SECRETARY OF STATE STALLARASSEE, FI
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	2: 4:5 EE, FI
	Corporation Service Company	1000		LI)
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee	FL_32301		_
change agent w was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the second control of the control of the control of the operating agreement of the control of	the register I liability c rs of the lir	ed office ar ompany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
/s/ John Nathan Chandler John Nathan C			Chandler, President	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
provision the obli to mere	by accept the appointment as registered agent and of ons of all statutes relative to the proper and comple igations of my position as registered agent as provi by reflect a change in the registered office address. I in writing of this change.	ngree to ac de perform ded for in I hereby c	t in this cap ance of my Chapter 60: onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent Grace E. Kirby, Asst. Vice President of Corporation Service Company

Draw C-Know