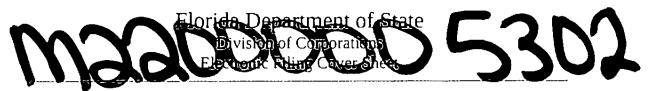
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future  $\mathcal{L}_{\mathcal{A}}$ annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE TH DAYTONA BEACH CYPRESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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## 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. N	TH DAYTONA BE	ACH CYI	PRESS LLC		
2. (a)		(b	o)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	04/07/22	_	M220000055	302	
3.	Date of filing/registration in Florida	- 4.		Document number	
	COGENICY GLOBAL INC				
5. (a	Registered Agent and Registered Office shown on the records of	the Florida	Dent of State	•	
	115 N CALHOUN STREET, STE 4			•	
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS	2	2025	
	TALLAHASSEE FL	32301		P - KVF 5202	
(b) <sub>.</sub>	Registered Agents Inc				
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		
	7901 4th St N			32	
	NEW Registered Office Address:				
	STE 300		<del></del>		
	St. Petersburg, FL	33702			
the ch agent was/w the ar Sign	limited liability company is not organized under the laviange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	vs of the the regis ability co if the lim limited b	State of Flo stered office ompany, it is lited liability liability con in Jones	orida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in apany.  Printed or typed name of signee	
provis the ob to me notific	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.		ance of my c Chapter 605 onfirm that	dutíes, and I am familiar with ánd accep , F.S. Or, if this document is being filed the limited liability company has been	
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Signat	ure of Registered Agent				