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Account#: 120000000088

Date:	06/29/2023	
Name:	Chris Vick	_
Reference	e #: 2035415	_
Entity Na	me: 7950 PALM	PARKWAY LLC
☐ Ari	ticles of Incorporation/Authorization	to Transact Business
☐ An	nendment	
✓ Ch	nange of Agent	
Re	einstatement	
☐ Co	onversion	
	erger	
Dis	ssolution/Withdrawal	
☐ Fic	ctitious Name	
☐ Ot	her	-
Authorize	ed Amount: \$25.00	
Signature	in the	

COGENCY GLOBAL INC 10 E 40th ST, 10th FL NY, NY 10016 D: +1.212.947.7700 P: 800.221.0102 F: 800.944.6607



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☐ Fi	ctitious Name	
	ther	
Authorize Signature	ed Amount: \$25.00	

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

!. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	ess of limited liability comp AY BE POST OFFICE BO	
	No Change	<u>N</u>	o Change		
	April 14, 2022	_	M2200000	5817	
	Date of filing/registration in Florida	4.	Documen	t number	
i. (a)	CORPORATION SERVICE COMPANY			7.0 Kg	
•	Registered Agent and Registered Office shown on the records of	Tthe Florida Dep	ot, of State:	2023 JUN SECRE P	
	1201 HAYS STREET				ì
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		2 × 20	
					•
	TALLAHASSEE .FI	32301-25	525		نت
(b)	COGENCY GLOBAL INC.				8
	Enter name of NEW Registered Agent and/or NEW Registered	l Office addres:	<u>∑</u> :		
	115 North Calhoun St., Suite 4				
	NEW Registered Office Address:				
					
	Tallahassee FI	32301			
ne cha gent w	mited liability company is not organized under the lange or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of	f the registere iability comp of the limited	ed office and the b any, it is hereby o Hiability company	ousiness office of the ro onfirmed that the chan	egistered ge(s)
ie arti	cles of organization or the operating agreement of the	ימכנו וישוונווו י	HIV company		

Signature of	'a member o	or authorized	representative of	La member

Printed or typed name of signee

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/ Timothy Mayville

Signature of Registered Agent

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