Maa 0000 5829

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(Address)				
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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
-P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date:	06/29/2023	
Name:		
Reference i		
Entity Name	e:11409 MARBE	LLA PALMS TRC LLC
☐ Artic ☐ Ame	les of Incorporation/Authorization Indment Inge of Agent	
	statement version	,
☐ Diss	olution/Withdrawal	
☐ Othe Authorized Signature: _	Amount: # \$25.00	

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGŁOBAL.COM

Account#: 120000000088

Date:_	06/29/2023	
Name:	Chris Vick	_
Refere	nce #: 2035415	_
Entity N	Name: 11409 MARBEL	LA PALMS TRC LLC
	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
V	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Authori	zed Amount: \$25.00	
Signatu	ire:	

+44 (0)20.3961.3080

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.

)	(b)	
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	rt	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
No Change		o Change
April 14, 2022		M22000005829
Date of filing/registration in Florida	4.	Document number
CORPORATION SERVICE COMPANY		
Registered Agent and Registered Office shown on the record	ds of the Florida Dep	nt. of State:
1201 HAYS STREET		
Registered Office Address	EET ADDRESS)	2023 JUH 29 SECRE 1277 ALL AHAS
TALLAHASSEE	_{. FL} 32301-25	525
COGENCY GLOBAL INC.		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	tered Office address	<u>s</u>
115 North Calhoun St., Suite 4		6
NEW Registered Office Address:		
		
Tallahassee	_{FL_} 32301	
Tallahassee Ilimited liability company is not organized under the hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limits were authorized by an affirmative vote of the memberticles of organization or the operating agreement of	ne laws of the Starss of the registered liability compares of the limited	ed office and the business office of the registe any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in

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