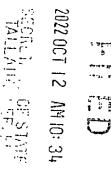
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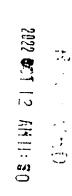
(F	Requestor's Name)
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	Address)
	City/State/Zip/Phone #)
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PICK-UP	WAIT MAIL
	Business Entity Name)
	Document Number)
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Certified Copies	Certificates of Status
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Special Instructions to I	Filing Officer:

Office Use Only



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A. BUTLER OCT 13 2022



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

Account#: 120000000088

Date:	10/12/2022	
	Jennifer Bialowas	_
Reference #:	1795030	_
Entity Name:	PINE VALL	EY FL 2022, LLC
	es of Incorporation/Authorization	
Amen	dment	
☐ Chang	ge of Agent	
☐ Reinst	tatement	
Conve	ersion	
☐ Merge	er	
☐ Dissol	ution/Withdrawal	
Fictition	ous Name	
Other_		
Authorized A Signature:	mount: 25.00	

F: 800,944,6607

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.

. (a)	ne of the limited liability company: PINE VALL							
/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
<u>-</u> 1	No Change May 6, 2022		No Ch	No Change				
<u>M</u>				M22000007126				
-	Date of filing/registration in Florida	4.		Document nu	unber			
. (a) <u></u>	UNIVERSAL REGISTERED AGENTS, INC							
	legistered Agent and Registered Office shown on the records of	the Florida	Dept, of St	ate:				
1	1317 CALIFORNIA ST.							
R	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	i					
- -	TALLAHASSEE FI	32304				رع		
(b) C	COGENCY GLOBAL INC.				1250 1250 1250 1250 1250 1250 1250 1250	2022 OCT 12	ਵਾਵਾ ਵਿੱਚ	
E	inter name of NEW Registered Agent and/or NEW Registered	l Office ado	iress:			<u> </u>	~ · · · · · · · · · · · · · · · · · · ·	
-	115 North Calhoun St., Suite 4			<u> </u>	. <u> </u>	2 Ai		
<u>. S</u>	NEW Registered Office Address:			_	E FI	Aii 10: 35	U	
_	Tallahassee FI	32301		_				
e chang gent wil as/were	nited liability company is not organized under the la ge or changes are made, the Florida street address o Il be identical. Or, in the case of a Florida limited li e authorized by an affirmative vote of the members es of organization or the operating agreement of the	f the regis iability co of the lim	tered offi mpany, it ited liabil	ice and the busing is hereby confi- lity company or	ness office rmed that	of the the cha	register inge(s)	
	e Gracz		Gracz	, •				
V:	e of a member or authorized representative of a member		·	Printed or typed	I name of sig	nec		

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 Jamiliar 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/ Sean Honan

Signature of Registered Agent