M22_0000 15437

(Re	questor's Name)				
(Ad	dress)				
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Account#: 120000000088

Date:	10/25/2023	
Name:	Juliana	
	#:2151676	
	e: U.S. PAVEME	NT SERVICES LLC
☐ Artic	cles of Incorporation/Authorization	o Transact Business
☐ Ame	endment	
✓ Cha	nge of Agent	
☐ Rein	nstatement	
Con	version	
☐ Merç	ger	
☐ Diss	olution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized	Amount: \$25.00	
Signature:	Juliana Presta	

V

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. Na	ime of the limited liability company: U.S. PA	VEME	ENIS	SERVICES LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	•
	No Change		No Ch	hange	
	October 4, 2022			M22000015437	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Corporation Service Company				
(,	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of S	State:	
	1201 Hays Street				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2		
	Tallahassee, F	32301	-2525	2023 OCT	
(b)	COGENCY GLOBAL INC.			OCT 25	Ì -
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	<u>dress</u> :	25 (SSE	
	115 North Calhoun St., Suite 4			1- IL LU 2023 OCT 25 AH 10: 47 TÄLLÄHÄSSEE, FLORIDA	
	NEW Registered Office Address:			47 RIDA	
	Tallahassee Fi	. 32301			
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regis iability co of the lim	stered off impany, i ited liabi	ffice and the business office of the regi it is hereby confirmed that the change pility company or as otherwise provide	istered (s)
	aul Garner		Garner		
	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide dy reflect a change in the registered office address, I I in writing of this change. m Mayville	pree to act e performed ed for in C horeby co	in this co ance of m Chapter 6 onfirm the	capacity. I further agree to comply wi my duties, and I am familiar with and 605, F.S. Or, if this document is being hat the limited liability company has b	th the accep g filed een

Tim Mayville, Assistant Secretary

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

Signature of Registered Agent