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Account#: 120000000088

Date:	06/29/2023	
Name:	Chris Vick	<u> </u>
Reference	#:2035415	<u> </u>
Entity Nam	e:EAGLE	PARCEL 9 LLC
☐ Artic	cles of Incorporation/Authorization	n to Transact Business
☐ Ame	endment	
🕢 Cha	nge of Agent	
☐ Reir	nstatement	
Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
Ficti	tious Name	
☐ Othe	er	
Authorized	Amount: \$25.00	
Signature:	- Che See	



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Account#: I20000000088

Date:	06/29/2023	
Name:	Chris Vick	_
Reference #	2035415	
	EAGLE	PARCEL 9 LLC
Articl	es of Incorporation/Authorizati	on to Transact Business
☐ Ame	ndment	
Char	nge of Agent	
☐ Reins	statement	
☐ Conv	version	
☐ Merg	er	
Disso	olution/Withdrawal	
☐ Fictit	ious Name	
☐ Othe	r	
Authorized A	Amount: \$25.00	
Signature:	Car Me	

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)			_ (b)_			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	No Change		_ <u> </u>	lo Chai	nge	
	March 23, 2023				//2300000375	1
	Date of filing/registration in F	lorida	4.		Document nu	mber
(a)	CORPORATION SERVICE CO	MPANY				
	Registered Agent and Registered Office shown	on the records of th	e Florida De	pt. of Stat	le;	
	1201 HAYS STREET					
	Registered Office Address (MUST BE FLO	ORIDA STREET A	<u>DDRESS)</u>			
						20) SE TAL
	TALLAHASSEE	ior.	32301-2	525		1. COV.
(b)	COGENCY GLOBAL INC.	1 1,			_	2023 JUN 29 SECRETANS
` ,	Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered (Mice addre	<u> </u>	-	As:
	115 North Calhoun St., Suite 4					
	NEW Registered Office Address:				_	
				 -	_	
	Tallahassee	, F1,	32301		_	
echai	115 North Calhoun St., Suite 4 NEW Registered Office Address: Tallahassee mited liability company is not organize age or changes are made, the Florida st will be identical. Or, in the case of a Florida sterior.	d under the law reet address of t orida limited lial	32301 s of the Sta he register pility comp	ate of Flo	e and the busir is hereby confi	ness of rmed t
re authories	orized by an affirmative vote of organization or the operating ag	the members of reement of the l	the limite imited liab	d liabilit sility con	ly company or npany.	as otherwise provided
	en Kakarla		Naveer	•		
	ure of a member or authorized representative of	a member			Printed or typed	I name at cianaa

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