M2300000 3910

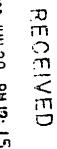
| | | | |
|---|--|--|--|
| (Requestor's Name) | | | |
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| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
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| PICK-UP WAIT MAIL | | | |
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|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



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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: | Chris Vick | <u></u> | | | | |
| Reference # | 0005445 | | | | | |
| Entity Name | 11450 MARBE | LLA PALMS TRS LLC | | | | |
| | | | | | | |
| Article | es of Incorporation/Authorizatio | n to Transact Business | | | | |
| Amendment | | | | | | |
| Change of Agent | | | | | | |
| Reinstatement | | | | | | |
| ☐ Conv | ☐ Conversion | | | | | |
| | | | | | | |
| ☐ Dissolution/Withdrawal | | | | | | |
| ☐ Fictitious Name | | | | | | |
| Other | | | | | | |
| | | | | | | |
| Authorized A | Amount: \$25.00 | | | | | |

F: 800.944.6607



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: | Chris Vick | _ | | | | |
| Refere | nce #: 2035415 | _ | | | | |
| Entity I | Name: 11450 MARBEL | LA PALMS TRS LLC | | | | |
| | | | | | | |
| | Articles of Incorporation/Authorization | to Transact Business | | | | |
| | Amendment | | | | | |
| \checkmark | | | | | | |
| | Reinstatement | | | | | |
| | Conversion | | | | | |
| | Merger | | | | | |
| ☐ Dissolution/Withdrawal | | | | | | |
| Fictitious Name | | | | | | |
| | Other | | | | | |
| | | | | | | |
| Author | ized Amount: \$25.00 | | | | | |
| Signati | ire: Who let | | | | | |

STÅTEMENT 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.

| I. Na | ame of the limited liability company: 11450 h | | |
|--|--|-------------------------------|---|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b)_ | Mailing address of limited liability company: **Onte: MAY BE POST OFFICE BOX**) |
| | No Change | <u></u> | No Change |
| | March 27, 2023 | | M23000003916 |
| 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 D | ept. of State: |
| | 1201 HAYS STREET | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | |
| | TALLAHASSEE F | 32301-2 | 2525 |
| (b) | COGENCY GLOBAL INC. | | |
| (6) | Enter name of NEW Registered Agent and/or NEW Registere | | |
| | 115 North Calhoun St., Suite 4 | | 2023 JUN SECRETA ALLAHAT |
| | NEW Registered Office Address: | | <u> </u> |
| | | | |
| | | | \Box |
| | Tallahassee, F | _{L_} 32301 | |
| agent v was/we | imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | iability com of the limite | pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in |
| | aveen Kakarla | | n Kakarla |
| Signature of a member or authorized representative of a 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