(Requestor's Name)					
(Add	dress)	 -			
(Add	dress)				
(City	//State/Zip/Phone	e #)			
_		<u></u>			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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Certified Copies	Certificates	of Status			
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Special Instructions to F	-				
	J. HORNE JUN 30 2				
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	INN 30 C	010			
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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	
Reference	#: 2035415	
Entity Nam	ne: 11450 MAR	BELLA PALMS LLC
☐ Artic	cles of Incorporation/Authorizatio	n to Transact Business
☐ Ame	endment	
√ Cha	ange of Agent	
Reir	nstatement	
Con	nversion	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Fict	itious Name	
Oth	er	
Authorized	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#: I20000000088

Date:	06/29/2023		
Name:	Chris V	ick	
Reference	ce #: 203	5415	
Entity Na	ıme:1	11450 MARI	BELLA PALMS LLC
☐ Ar	ticles of Incorporation	on/Authorizatio	n to Transact Business
Ar	mendment		
✓ CI	nange of Agent		
☐ R	einstatement		
□ C ₆	onversion		
M	erger		
☐ Di	ssolution/Withdrawa	i	
☐ Fi	ctitious Name		
	ther		
Authorize	ed Amount:	\$25.00	
Signature	e: Milde	E"	

F: 800.944.6607

F: +852.2682.9790

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

Principal office address of limited liability of (Note: MUST BE STREET ADDRES)	ompany:	Mailing address of limited liability company: **The Company of May BE POST OFFICE BOX** **The Company of May		
No Change		o Change		
March 27, 2023		M230000039	17	
Date of filing/registration in Florid	ia 4.	Document n	umber	
CORPORATION SERVICE COMP	ANY		26 S	
Registered Agent and Registered Office shown on th	ne records of the Florida Dep	ot, of State:	ZOZ3 JUK SECRL (
1201 HAYS STREET			- 教育 异 :	
Registered Office Address (MUST BE FLORID)	A STREET ADDRESS)		63.27 PG	
TALLAHASSEE	FL 32301-25	525		
COGENCY GLOBAL INC.				
Enter name of NEW Registered Agent and/or NEW	Registered Office address	<u></u> <u>Y</u> :		
115 North Calhoun St., Suite 4				
NEW Registered Office Address:				
Tallahassee	FL_32301			
e limited liability company is not organized un hange or changes are made, the Florida street t will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the	address of the registered limited liability comp	ed office and the bus any, it is hereby, conf	iness office of the registe firmed that the change(s)	

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