M23000008176

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



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LLC RAFRO



A. RAMSEY FEB 282024





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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 If there are any issues please contact Patrice at 850-202-9071

| Date: | 02/2//2024 | |
|-----------------------------|----------------------------------|----------------------|
| Name: | Patrice Rush | <u> </u> |
| Reference #: | 2273862 | <u> </u> |
| Entity Name: | NEXGEN C | ONTRACTING LLC |
| ☐ Article: | s of Incorporation/Authorization | to Transact Business |
| | e of Agent | |
| ☐ Reinst | atement | |
| ☐ Conve | rsion | |
| Merge | г | |
| ☐ Dissolt | ution/Withdrawal | |
| ☐ Fictitio | us Name | |
| Other_ | | |
| Authorized Ar Signature: | () M- | |

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 Florida.

| 1. | Na | me of the limited liability company: NEXGEN | 1 CO | N | ITRAC | TING LLC |
|--------------------|----------------------|---|---|--------------------------|--|--|
| 2. (| a) | | _ (b |) <u> </u> | | |
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | N | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | No Change | _ | <u>'</u> | No Chan | ge |
| | | June 20, 2023 | | | M: | 23000008176 |
| 3. | | Date of filing/registration in Florida | 4. | | | Document number |
| 5. | (a) | CT Corporation System | | | | |
| | ` ′ | Registered Agent and Registered Office shown on the records of the | ne Florida | a D | Dept. of State | : |
| | | 1200 South Pine Island Road | | | | 23 |
| | | Registered Office Address (MUST BE FLORIDA STREET A | <u>DDRESS</u> | S | | MATER 27 PH 1:01 |
| | | Plantation , FL | 33324 | 4 | | 27 7 |
| (| b) | COGENCY GLOBAL INC. | | | | |
| ` | .~, | Enter name of NEW Registered Agent and/or NEW Registered C | Office ad | ldre | ess: | 學, 9 |
| | | 115 North Calhoun St., Suite 4 | | | | |
| | | NEW Registered Office Address: | | | | |
| | | Tallahassee, FL_ | 32301 | | · <u>-</u> · · | |
| the age: was | cha nt v /we | mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law. | the regist bility co | ste om nite | ered office ipany, it is ed liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| | |) { dby (if | | | | Colby Cox |
| Si | gnat | ure of a member or authorized representative of a member | <u>-</u> | | | Printed or typed name of signee |
| pro the to n | visi obli iere | by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change. | e to act perform for in C ereby co | t ir ları Ch on | n this capa ice of my a capter 605, firm that t | icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been |

/s/ Timothy Mayville

Signature of Registered Agent

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