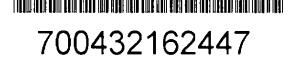
	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	WAIT MAIL				
<del></del>	(Business Entity Name)				
(Oocument Number)					
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				

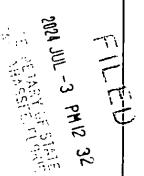
Office Use Only



- JACLHONSSEE, FLINKINA

2024 JUL -3 Fit it in -

A. RAMSEY JULS . 2024





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:	07/02/2024						
Name:	Patrice Rush						
	#:2397713						
		LAS GUARDIAN, LLC					
☐ Artic	cles of Incorporation/Authori	zation to Transact Business					
<b>⊘</b> Ame	endment						
Change of Agent							
Reir	nstatement						
☐ Con	☐ Conversion						
Mer	ger						
☐ Dissolution/Withdrawal							
Fictitious Name							
Othe	er						
Authorized	7 64						
Signature:	Putt						

F: 800.944.6607

## 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.

2. (a)		(b)	)	
\ <del></del> /	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	No Change		No Chan	ge
	August 14, 2023	_	M:	23000010547
3.	Date of filing/registration in Florida	_ <sub>4.</sub> -		Document number c
5. (a)	Corporation Service Company			
. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	いる。
	1201 Hays Street			经 多
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	1	23000010547  Document number (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2
	Tallahassee FI	32301	-2525	Park V
(b)	COGENCY GLOBAL INC.			
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			
	Tallahassoo	32204		
	Tallahassee FI	32301		
he cha agent v was/we he arti	imited liability company is not organized under the launge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regis lability color of the limited li	tered office mpany, it is ited liability iability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
	andall Kutch ture of a member or authorized representative of a member	- ка 		h Authorized Person
_	·	roote		Printed or typed name of signee
provisi he obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d'in writing of this change.	ree 10 act performa d for in C hereby co	in inis capa ince of my a hapter 605, infirm that ti	icity. I juriner 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/ Ti	mothy Mayville			

Signature of Registered Agent

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