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

Office Use Only



600419924176

2023 DEC 14 PM 4: 25 RECEIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/	14/2023		
Name:			
Reference #:	0005474		
Entity Name:		PANTOGRAN LLC	
☐ Articles of	Incorporation/Autl	horization to Transact Business	
Amendme	nt		
✓ Change of	Agent		
Reinstater	nent		7:
Conversio	n		
Merger			
☐ Dissolution	n/Withdrawal		
☐ Fictitious N	Name		
Other			
Authorized Amou	nt: \$25 uliana Presti	5.00 a	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	12/14/2023		
Name:			
	2205171		
		PANTOGRAN LLC	_
Article	es of Incorporation/Autl	horization to Transact Business	
Amen	dment		~ ?
Change	ge of Agent		ار د د د د
☐ Reinst	tatement		37.7
☐ Conve	ersion		·
☐ Merge	er .		. <i>:</i>
☐ Dissol	ution/Withdrawal		⁻
Fictition	ous Name		
Other_			
Authorized A		5.00	
Signature:	Juliana Presti	a	

F: 800.944.6607

V

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

Florid				
I. N	ame of the limited liability company: PANTO	GRAN	LLC	
2. (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		No Change	
	August 18, 2023		M23000010833	
3.	Date of filing/registration in Florida	— 4.	Document number	
5. (a)	GKL REGISTERED AGENTS, INC.			
(/	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:	
	28089 VANDERBILT DR., STE. 201			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)		
	BONITA SPRINGS F	_{L_} 34134		
(b)	COGENCY GLOBAL INC.		<u> </u>	
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office add	ress:	
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			
	Tallahassee	L_32301		
the cha 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	of the regist liability cor of the limi	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
/s/ M	ichael Costa	Micha	nel Costa	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, a d'in writing of this change.	gree to act ic performa led for in C I hereby co	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed afirm that the 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