H23000013521

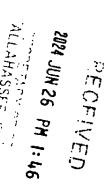
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
UN TORNE						

Office Use Only



700431050667

.



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/26/2024	_	er (i	VALK IN*
ENTITY NAME Coreg	iro 1920 Lakeland, L	LC	
DOCUMENT NUMBER	<u> </u>		
	PLEASE FILE	THE ATTACHED AND RETURN	
xxxxxxxx	Plain Copy		
	Certified Copy		
•••	Certificate of Status	\$	
	Certified Copy of A. Certificate of Good		
	APOSTILLE'/	NOTARIAL CERTIFICATION	_
COUNTRY OF DESTINA NUMBER OF CERTIFIC	•		
MUMIDEN DI CENTITO	TITED VERNICOLEN		
TOTAL OWED \$25		ACCOUNT #: I20160000072	
		5 8 FM	
Please call Tina at	the above number ho	er any issues or concerns. Thank you so much	6/

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	ame of the limited liability company:COREGRO 192	0 LAKEI	LAND, LLC		
2 (a)			(b)		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(· / <u></u>	Mailing address of limited lia (Note: MAY BE POST O	bility company:
	1920 LAKELAND HILLS BLVD		153 E FL	LAGLER ST. #116 , FL 33131	
	LAKELAND, FL 33805		MIAMI, I		
	10/19/2023		M2300001	3521	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of Sta	te:	
	COGENCY GLOBAL INC.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(3.5)</u>	_	
	115 NORTH CALHOUN ST. SUITE 4				20
	TALLAHASSEE 32301				2024 JUN 25
	F. F.	l			Fi 71
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	
	igner hadre of 1919 registred agent allow regress	u control	<u> </u>		· = 2
	REGISTERED AGENTS INC				 웃
	NEW Registered Office Address:	_		_	G1
	7901 4TH ST N, SUITE 300				
				_	
	ST. PETERSBURG, F	L_33702		_	
10.1 1		C.1	C. CEL		and that after the
change	imited liability company is not organized under the la e or changes are made, the Florida street address of the	e registe	red office an	d the business office of:	the registered
agent v	will be identical. Or, in the case of a Florida limited li	iability c	ompany, it i	s hereby confirmed that	the change(s)
was/we	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	or the m e limited	mited hability con	iy company or as otherw npany.	ise provided in
	ordan Fishfeld		Jordan Fish:		
Signature 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 ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perforn d for in hereby c	et in this cap nance of my Chapter 602 confirm that	acity. I further agree to duties, and I am familia 5, F.S. Or, if this docum the limited liability com _l	comply with the with and accept ent is being filed pany has been
	rid Roberts				
Signatu	ire of Registered Agent				