(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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27,18
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Office Use Only



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Sunshine State Corporate Compliance Company

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

DATE 06/26/2024	_	⇔WALK IN
ENTITY NAME CORE	EGRO 2140 LAKELAN	ID, LLC
DOCUMENT NUMBER	<u> </u>	
	PLEASE FILE TI	HE ATTACHED AND RETURN
XXXXXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Art Certificate of Good St	
	APOSTILLE'/I	NOTARIAL CERTIFICATION
COUNTRY OF DESTINA	ATION	
NUMBER OF CERTIFIC	'ATES REQUESTED	
TOTAL OWED \$25		ACCOUNT #: I20160000072
		5 8 FM
DO Of Time of	#1	any issues or concerns. Thank you so much!

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 2140) LAKEL	AND, 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)		
	2140 E EDGEWOOD DRIVE 153 E FLA			GLER ST, #116	
	AKELAND, FL 33805 MIAMI, F			FL 33131	
	10/19/2023		M230000	013522	
3.	Date of filing/registration in Florida	_ 4.		Document number	
5. (a)					
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of State	- 0:	
	COGENCY GLOBAL INC.				
	Registered Office Address (MUST BE FLORIDA STREET	-			
	115 NORTH CALHOUN ST. SUITE 4				20
	TALLAHASSEE .FI	32301 L		-	F 2024 JU!
				-	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			-	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ac	<u>idress</u> :		
	REGISTERED AGENTS INC			_	10:01:4 0 33:01:4
	NEW Registered Office Address:		* ir		
	7901 4TH ST N, SUITE 300			-	
	ST. PETERSBURG , FI	L33702		_	
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the 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	e register ability co of the lin	ed office and impany, it is nited liability	of the business office of thereby confirmed that y company or as othery	the registered the change(s)
/s/ Jordan Fishfeld			Jordan Fishfeld		
_	ture of a member or authorized representative of a member			Printed or typed name of s	
provisi the obl to merc	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	ree to act perform ed for in (hereby c	t in this capa ance of my a Chapter 605, onfirm that t	icity. I further agree to luties, and I am familia , F.S. Or, if this docun he limited liability con	comply with the rwith and accept tent is being filed upany has been
	id Roberts				
Signatu	re of Registered Agent				