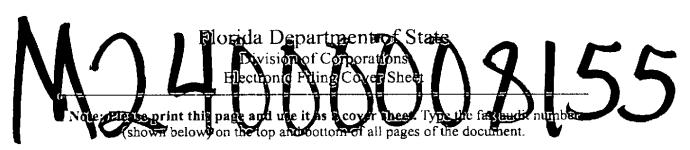
2024 AUG 30



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: CAPITOL CORPORATE SERVICES, INC. Account Name Account Number : I20160000048 : (800)345-4647 8: 06 Phone

From:

: (800)432-3622 Fax Number

\*\*Enter the email address for this business entity to be used for future -- annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE ALCHEMY TENACITY 2026, L.L.C.

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M. SOLOMON AUG 3 U 2024

## (((H24000293512 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the prosubmits the following Florida.	ng statement in order t <u>o</u>	14 or 605.0116, change its regi. ALCHEMY TE	stered offic	itutes, the undersigned limite or registered agent, or 2026	ted liability company both, in the State of		
1. Name of the Lin	ited Liability Company:	NEO/NEI/III		2020, 2.2.0.			
2. (a) 1 FLAGG	1 FLAGG PL., STE. 1			(b) 1 FLAGG PL., STE. 1			
Princip	nal office address of limited liab Note: MUST BE STREET AD		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
LAFAYET	TE, LA 70508		LAFAYETTE, LA 70508				
6/6/202	4		<u>M2</u>	24000008155			
3. Dat	e of filing/registration in l	Florida	4.	Document number			
5. (a) BAKER, I	RANDY	,					
Registered Ag	ent and Registered Office shown	on the records of th	e Florida Dep	t, of State:			
	AIRE DR.				a. 2		
Registered Of	lice Address (MUST BE FL)	ORIDA STREET AL	DRESS)		2024 AUG Secret Vali aha		
		·			AE 236 246 247 247 247 247 247 247 247 247 247 247		
DESTIN	<del></del>	, FL_	32541		AUG 30 A RETARY OF AHASSEE.		
(b) <u>Capitol C</u>	orporate Services, Inc	C			m c		
Enter name of	NEW Registered Agent and/or	NEW Registered C	ffice address	:	AM II: 38 De state De lorid		
515 East	Park Avenue 2nd Fl				38 38		
NEW Registe	red Office Address:						
Tallahass	ee	, FL_	32301				
the change or chang agent will be identic was/were authorized	es are made, the Florida stal. Or, in the case of a Fl	treet address of the orida limited liab factor the members of	ne registere ility compa the limited	e of Florida, it is hereby cond office and the business of any, it is hereby confirmed the business of the bus	Tice of the registered that the change(s)		
_ fichast be			Rict	narc Paul Beaullieu			
I hereby accept the	tutes relative to the prope y position as registered as hange in the registered of f this change.	d agent and agree r and complete p gent as provided fice address. I he	erformance for in Chap reby confir	Printed or typed name of this capacity. I further agree of my duties, and I am fam ter 605, F.S. Or, if this documental the limited liability of the capacitants.	e to comply with the		
Signature of Registered	Agent Parketi		•	ssistant Secretary on Corporate Services, In	nc.		

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