Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I2010000062 : (888)705-7274 Phone : (888)706-7274 Fax Number

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

rmal i	Address:			

LLC REGISTERED AGENT CHANGE PCF IV LO MELBOURNE, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC						
	Name of Limited Liability Company					
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered	Office Change an	nd fee(s) are submitted for filing.			
Please re	eturn all correspondence concernin	g this matter to th	e following:			
Mary Ca	stillo					
	Name of Person					
Registere	d Agent Solutions, Inc.					
	Firm/Company					
Corporate	e Center Onc. 5301 Southwest Pkwy,	Ste 400				
	Address					
Austin, T	X 78735					
	City/State and Zip Coo	ie				
E-n	nail address: (to be used for future	annual report not	ification)			
For furth	er information concerning this ma	tter, please call:				
Mary Ca	stillo	888 at (705-7274			
	Name of Person		Area Code & Daytime Telephone Number			
R E P	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	Enclosed is a check for the follow	ing amount:				
_	S25 Filing Fee	- :	\$55 Filing Fee & Certified Copy			
INHS18 (2	2/14)					

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.

(a)	3500 LENOX ROAD STE 625	(b)	(b) 3500 LENOX ROAD STE 625		
,-• ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ATLANTA, GA 30326	م <u>ر</u>	TLANTA, GA 30326		
	1/24/2025	 M2	5000001131		
	Date of filing/registration in Florida	— _{4.} —	Document number		
(a)	COGENCY GLOBAL INC.				
a)	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:		
	115 N CALHOUN ST STE 4				
	Registered Office Address (MUST BE FLORIDA STREE				
	TALLAHASSEE	FL_32301			
o)	Registered Agent Solutions, Inc.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addre	<u>s</u> :		
	2894 Remington Green Ln.				
	2894 Remington Green Ln. NEW Registered Office Address:				
			<u>.</u>		
	NEW Registered Office Address: Ste. A	FL_32308			
e li ge t w	NEW Registered Office Address: Ste. A	he registered of liability comp s of the limited	ffice and the business office cany, it is hereby confirmed the liability company or as other	of the registered at the change(s)	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Mackenzie Hibler, Asst, Secretary