	(Requestor's Name)				
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL	-			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
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A. BUTLER OCT 13 2022



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

Account#: 120000000088

Date:	10/12/2022						
Name:	Merritt Walker						
	#: 1795030	<u> </u>					
Entity Name: GREAT DANE FINANCIAL, LLC							
Artic	les of Incorporation/Authorization	n to Transact Business					
☐ Ame	ndment						
✓ Char							
Reinstatement							
Conversion							
☐ Merger							
☐ Dissolution/Withdrawal							
☐ Fictit	ious Name						
Othe	er						
Authorized :	Amount: \$25						
Signature:	mw						

F: 800.944.6607

F: +852.2682.9790

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. N	ame of the limited liability company: GREAT DAI	NE FIN	ANCIAL,	LLC
2. (a))	
	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 Cha	nge
	March 16, 1999		M	м 99000000369
3.	Date of filing/registration in Florida	4.	_	Document number
5. (a)	UNIVERSAL REGISTERED AGENTS, INC.			
(41)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	te:
	1317 CALIFORNIA STREET			~)
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS	<u>!</u>	12022 OCT 12
	TALLAHASSEE FL	32304		0CT 12
(b)	COGENCY GLOBAL INC.			AHII: 25
(,	Enter name of NEW Registered Agent and/or NEW Registered	Office ado	lress:	: 25
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			
	Tallahassee FL	32301		-
the cha agent v was/w	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regisability co of the lim	tered offic mpany, it l ited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	ulie Gracz	Julie	Gracz	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agr 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, 1) d in writing of this change.	vee to act performed d for in C hereby co	in this cap ince of my hapter 60, infirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

/s/ Sean Honan
Signature of Registered Agent