13000056870

(Requestor's Name)	
	Address)	
(,	Address)	
	City/State/Zip/Phone #	t)
PICK-UP	☐ WAIT	MAIL
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(Business Entity Name)
(Document Number)	
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Account#: 120000000088

Date:	08/23/2023	
Name:	Chris Vick	
Reference	#:2099172	-
Entity Nam	e: SOMERSET CORP	DRATE SERVICES, INC.
_		
Artic	cles of Incorporation/Authorization	o Transact Business
☐ Ame	endment	
✓ Cha	nge of Agent	
☐ Reir	nstatement	
☐ Con	version	
☐ Mer	ger	
☐ Diss	solution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized Signature:	Amount: \$35.00	

P: 800.221,0102

F: 800.944.6607

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or registe	nized under the laws of the State of $\underline{ar{1}}$	Florida	his	_
-	he corporation: Somerset Corporate Service		moracia.		
	office address: 200 S Andrews Avenue 90				_ _
3. The mailing a	ddress (if different):				_
4. Date of incorp	ooration/qualification: 07/01/2013	Document number: P1300005	6870		
	I street address of the current registered a tment of State: (If resigned, enter resigned		th the		
	Lubell Rosen				
	1 Alhambra Plaza Suite 1410		<u>.</u>		
	Coral Gables, FL 33134		¥.	202	
6. The name and (if changed):	d street address of the new registered age		LLAHASS	2023 AUG 23	T
	Lubell Rosen		- ₩ <u>G</u>		П
	200 S Andrews Avenue 9th Floor		FĽ0	AM 10: 11	
	P.O. Bo Ft. Lauderdale, FL 33301	x NOT acceptable	RIDA	0	
The street addre	ess of its registered office and the street be identical.	address of the business office of it	s register	red age	nt,
Such change wa authorized by th	ns authorized by resolution duly adopted ne board, or the corporation has been no		officer s	O	
Signagu	re-vina-other or director	Carlos I. Aguilar Printed or typed name and til	ile		_
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th s been notified in writing of this change	tutes relative to the proper and com ligation of my position as registered to registered office address, I hereb	iplete pe d agent, by confiri	rformai Or, if t m that t	ice his he
(I)	\ V . \	08/23/23			
Sug	the of Ceptured Agent	Date			_
If signing on be	half of an entity:				
Carlos I. Ag	uilar yped or Printed Name				

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)