## P15000093512

(Requestor's Name)					
(Address)					
(Address)					
(C), (C), (C)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date:	01/16/2024	
Name:	Patrice Rush	_
	ce #: <b>2206105</b>	_
	ame:PRICE FOR	RBES MIAMI INC
	rticles of Incorporation/Authorization	
_	mendment	
✓ C	hange of Agent	
☐ R	einstatement	
☐ C	onversion	
	erger	
☐ Di	issolution/Withdrawal	
☐ Fi	ctitious Name	
	ther	
Authorize Signature	ed Amount: \$35.00	

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Flor on organized under the laws of the State or registered agent, or both, in the State	e of Florida		
1. The name of t	he corporation:	PRICE FORBES MIAN	// INC		
2. The principal	office address: No Change				
3. The mailing a	ddress (if different):				
4. Date of incom	poration/qualification: Novemb	er 18, 2015 Document number:	P15000093512		
	street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on fir resigned)	le with the		
	CORPORATION	SERVICE COMPANY			
	1201 H	Hayes Street	2024 F		
	Tallahas	see, FL 32301	FILE TALLAMASS		
6. The name and (if changed):		ered agent (if changed) and /or registere	d officer, FLunio		
	COGENCY GLOB	AL INC.	— 06 — ORIG		
	115 North Calhoun St., Suite 4				
	Tallahassee, FL	·			
The street addre	ss of its registered office and th	e street address of the business office	of its registered agent,		
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by been notified in writing of the change.	an officer so		
/s/ Oscar Rin	CON	Oscar Rincon Printed or typed name a	Authorized Person		
I furthér agrée t performance of agent. Or. if thi	o comply with the provisions of my duties, and I am familiar wi s document is being filed merel	gent and agree to act in this capacity. all statutes relative to the proper and th and accept the obligation of my pos y to reflect a change in the registered otified in writing of this change.	complete ition as registered		
/s/ Timothy N		1/16/2024			
Sign	nature of Registered Agent	Date	<del></del>		

If signing on behalf of an entity:

## **Timothy Mayville , Assistant Secretary**

Typed or Printed Name

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