22000068894

(Re	questor's Name)				
(Ad	dress)				
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(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(D.	isiness Entity Nan	201			
(Bu	isiness Entity Ivan	ne)			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer.				



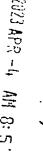


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115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/04/2023	
	Greg Pintacuda	<u> </u>
Reference	ce #: 1908596	
Entity Na	ame:SOCIE	Y HOMES, INC
☐ Ar	rticles of Incorporation/Authorizatio	n to Transact Business
Ar	mendment	
✓ CH	hange of Agent	
☐ Re	einstatement	
□ Co	onversion	
	erger	
☐ Di	issolution/Withdrawal	
☐ Fi	ctitious Name	
	ther	
Authorize Signature	ed Amount: \$35	

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

1. The name of the corporation:			r registered agent, or both, in the State of Florida. SOCIETY HOMES, INC			
1. The name of the corporation:			330 SW 2ND ST #111			
2. The principal office address: SOURCE ST #111 FORT LAUDERDALE, FL 33312						
3. The mailing addre	ess (if different):					
4. Date of incorpora	corporation/qualification: 9/1/2022 Document number: P22000068894					
5. The name and stre		t registered age	nt and registered office on file v			
_	ING	CORP SERVIC	ES, INC.	_		
	34!	58 LAKESHOF	E DRIVE			
	TA	LLAHASSEE,	FL 32312	2023		
6. The name and stre (if changed):	eet address of the new re	e new registered agent (if changed) and /or registered offic		2023 APR -1,		
		Cogency Global Inc.		_		
	115 North Calhoun Street, Suite 4			_ යු		
	P.O. Box NOT acceptable			0	-	
	1al	lahassee, Flori	da 32301 	_		
The street address of as changed will be i	f its registered office a dentical.	nd the street ad	dress of the business office of	its registered	l agent,	
Such change was au authorized by the be	thorized by resolution pard, or the corporation	duly adopted b has been notif	y its board of directors or by a led in writing of the change.	n officer so		
/s/ Chad Turner			Chad Turner, President			
Signature of	an officer or director		Printed or typed name and	title		
I further agree to co of my duties, and I d document is being t	appointment as registe omply with the provisio un familiar with and ac iled merely to reflect a m notified in writing of	ns of all statute scept the obliga change in the i	ngree to act in this capacity. Is relative to the proper and co ution of my position as register registered office address. I her	omplete perfo ed agent. O eby confirm i	ormance r, if this that the	
/s/ Timothy Mayville			4/4/2023			
Signature	of Registered Agent		Date			
If signing on behalf	of an entity:					
	or Printed Name					

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