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PICK-UP WAIT MAIL
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115 N CALHOUN ST., STE, 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:10/16/2020	
Name: Merritt Walker	
Reference #: 1264015	
Entity Name: CLUB MIF	RA LAGO TRUST CORP.
☐ Articles of Incorporation/Authoriz	zation to Transact Business
☐ Amendment	
✓ Change of Agent	
Reinstatement	PLEASE RETAIN THE ORIGINAL DATE OF SUBMISSION,
Conversion	10/16/2020
Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount:\$35	
Signature:	

F: 800.944.6607

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

Pursuant to the provisions of sections 607.0502, statement of change is submitted for a corporation order to change its registered office.		Flor		-
1. The name of the corporation: CLUB MIRA				· <u> </u>
2. The principal office address: No Change				
3. The mailing address (it different):				
4. Date of incorporation/qualification: 9/15/19	97 Document number: <u>P97000</u>	079828	3	
5. The name and street address of the current reg Florida Department of State: (If resigned, ento		th the		
National Re	gistered Agents Inc	,	2020	
1200 South	Pine Island Road	-	20 20 OCT	Ţ
Plantat	ion, FL 33324	200 100 - 1 100 - 1	16 1	m
6. The name and street address of the new regist (if changed):	ered agent (if changed) and /or registered of	iceo.	AM 9: 3	Ü
COGENCY GLOE	BAL INC.	ΓĦ	7	
115 North Calhou	n St., Suite 4			
Tallahassee, FL				
The street address of its registered office and that changed will be identical.	ne street address of the business office of its	s registe	red age	ent.
Such change was authorized by resolution duly authorized by the board, or the corporation has		officer s	0	
/s/ Natalia Ostensen	Natalia Ostensen Printed or typed name and title	Secreta	ary	_
I hereby accept the appointment as registered of I further agree to comply with the provisions of performance of my duties, and I am familiar wagent. Or, if this document is being filed mereby confirm that the corporation has been to	f all statutes relative to the proper and com ith and accept the obligation of my position ly to reflect a change in the regisiered office	as regi:	stered 88. I	
/s/ Tim Mayville Signature of Registered Agent	10/15/2020 Date			_
If signing on behalf of an entity:	DAW			

Tim Mayville, Assistant Secretary

Typed or Printed Name

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