## M2280000071Q6

(Requ	estor's Name)	·		
(Address)				
(Address)				
(City/S	itate/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ess Entity Nar	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
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Account#: I20000000088

Date: February 23, 2022
Name: GREG PINTACUDA
Reference #:
Entity Name: 250 W CENTRAL BLVD CAPE CANAVERAL LLC
Articles of Incorporation/Authorization to Transact Business
☐ Amendment
✓ Change of Agent
Reinstatement
Conversion
☐ Merger
☐ Dissolution/Withdrawal
☐ Fictitous Name
Other
Authorized Amount: \$25
Signature:

+852.3975.1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: February 23, 2022	Account#: 120000000088
Name: GREG PINTACUDA	
Reference #:1598498	
Entity Name: 250 W CENTRAL BLVD CAPE CANAVERAL LLC	<u>c</u>
Articles of Incorporation/Authorization to Transact Busines	SS
Amendment	
Change of Agent	
Reinstatement	
Conversion	
Merger Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$25	
Signature:	

+44 (0)20.3786.1090

## 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

	ame of the limited liability company: 250 W C		
(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	January 13, 2022		M2200000726
	Date of filing/registration in Florida	4,	Document number
(a)	C T CORPORATION SYSTEM		
(44)	Registered Agent and Registered Office shown on the record	ds of the Florida L	Dept. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)	<del></del>
(b)	PLANTATION  COGENCY GLOBAL INC.	, FL_33324	2022 FEB 24, - LONE 12.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	tered Office addr	ess:
	115 North Calhoun St., Suite 4		නු ද් 
	NEW Registered Office Address:		
	Tallahassee	. FL 32301	
e cha ent v as/we	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the memb cles of organization or the operating agreement of	ss of the registe ed liability con ers of the limit	ered office and the business office of the registe ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided i
s/ Ja	son Piel	Jason	Piel
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Tim Mayville

Signature of Registered Agent