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(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #j	
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name)	
(50		
(Do	cument 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#: 120000000088

Date:	05/09/2019	
Name:_	Joy Weaver	_
	ce #:1062838	_
Entity Na	ame: DIGIO	CHART, INC.
A	rticles of Incorporation/Authorization	to Transact Business
A	mendment	
√ C	hange of Agent	
R	einstatement	
c	onversion	
M	lerger	
□ D	issolution/Withdrawal	
☐ F	ictitious Name	
	ther	
Authoriz	ed Amount: \$35	
Signatur	e: Allaur	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/09/2019	
Name:	Joy Weaver	
Reference	1062838	
		DIGICHART, INC.
		ization to Transact Business
Am	endment	
√ Cha	ange of Agent	
Rei	nstatement	
Coi	nversion	
□ Ме	rger	
Dis	solution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorized	Amount: \$35	
Signature	Mearel	

F: 800.944.6607

€·EUROPEAN HQ

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

1. The name of	the corporation:	DIGICHART, INC) .
	I office address: No Change		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: Octob	per 10, 2006 Document number:	F06000006443
	nd street address of the current re artment of State: (If resigned, em	egistered agent and registered office on f ter resigned)	le with the
	CT Cor	poration System	
	1200 Sout	h Pine Island Road	
	Planta	tion, FL 33324	
6. The name ar (if changed):		stered agent (if changed) and /or register	ed office
	COGENCY GLO	BAL INC.	TO HAY SECRET ALLIAHA
	115 North Calhou		
	Tallahassee, FL	O. Box NOT acceptable	
The street addras changed wil	ress of its registered office and the identical.	the street address of the business office	
Such change wanthorized by	as authorized by resolution dul the board, or the corporation ha	y adopted by its board of directors or b s been notified in writing of the change	y an offreer so
	chardson	Todd Richardson	Secretary
/s/ Todd Ric			and title
Signat I hereby accep I further agree performance o agent Or, if i	ture of an officer or director If the appointment as registered If to comply with the provisions of If my duties, and I am familiar w In this document is being filed mer	agent and agree to act in this capacity of all statutes relative to the proper and with and accept the obligation of my poely to reflect a change in the registered notified in writing of this change.	d complete sition as registered

Sean Honan, Assistant Secretary

Typed or Printed Name

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