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August 14, 2020

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

Account#: I20000000088

Date:	 _
Name KEN HOWE	<u>LL</u>
Reference #: 1250	0851
Entity Name: CC	DNSOLIDATED ANALYTICS, INC.
Articles of Incorporation	/Authorization to Transact Business
Amendment	
✓ Change of Agent	ICCUTES CALL
Reinstatement	ISSUES? CALL KEN:
Conversion	518-213-0738
Merger	
Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount:	\$35.00
Signature	



August 14, 2020

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

Account#: 120000000088

Date: /tagast : 1, 2026	
Name: KEN HOWELL	<u>-</u>
Reference #: 12508	<u>51</u>
Entity Name:CON	ISOLIDATED ANALYTICS, INC.
Articles of Incorporation/Au	uthorization to Transact Business
Amendment	
✓ Change of Agent	ISSUES? CALL
Reinstatement	KEN:
Conversion	518-213-0738
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount:	\$35.00
Signature:	

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

statement of cha	nge is submitted for a corp	0502, 617.0502, 607.1508, or 61 poration organized under the law office or registered agent, or both	vs of the Sta	te of <u>Cali</u>	<u>fornia</u>		
1. The name of t	he corporation:	CONSOLIDATED	ANALY	TICS, IN	۱C.		
2. The principal	office address: No Cha	nge					
3. The mailing a	ddress (if different):						
4. Date of incorporation/qualification: September 30, 2011 Document number: F1				F11000	1000003942		
	t street address of the curre	ent registered agent and registere d, enter resigned)	d office on t	file with the			
	Corpora	tion Service Compa	iny	<u>.</u>	20		
	1	201 Hays Street			2029 :		
	Talla	hassee, FL 32301			.27		
6. The name and (if changed):	I street address of the new	registered agent (if changed) and	d /or register	ed office	7: 10: 1	;	
	COGENCY GI	OBAL INC.			- 0		
	115 North Call	houn St., Suite 4					
	Tallahassee, F	P.O. Box NOT acceptable		<u></u>			
The street address changed will	ess of its registered office be identical.	and the street address of the bus	siness office	e of its regist	ered agent		
Such change wa authorized by th	ns authorized by resolution ne board, or the corporation	n duly adopted by its board of d on has been notified in writing o	irectors or b f the change	y an officer e.	so		
/s/ Ryan Kind	ch re of an othicer or director	Ryan K	inch d or typed name	Senior Vice	President		
I further agree of performance of agent. Or, if the	to comply with the provisi my duties, and I am famil is document is being filed	ered agent and agree to act in to ons of all statutes relative to the liar with and accept the obligati merely to reflect a change in th been notified in writing of this c	e proper and on of my po e registered	d complete sition as reg	istered ess, I		
/s/ Sean Ho	nan	8/14/202	21				
Sig	nature of Registered Agent		Date				
If signing on be	half of an entity:						

Sean Honan, Assistant Secretary

Typed or Printed Name

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