## F98000004814

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PICK-UP WAIT MAIL				
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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

· ·

Date: 12/19/20	<u> </u>	
Name: Chey	anne Davis	
Reference #:	2593815	
Entity Name:	CERTIFIT, INC.	
<ul><li>Articles of Incorp</li><li>Amendment</li></ul>	poration/Authorization to Transact Busin	SECRETARY OF STAT
Change of Ager	ıt	SSEE
Reinstatement		STAT
Conversion		ш
☐ Dissolution/With	drawal	
Fictitious Name		
Other		
Authorized Amount:	\$35.00	
Signature:	pme Paire	

F: 800.944.6607



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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	12/19/2024		
Name:	Cheyanne Davis		
Reference #:	2593815		
	CE	RTIFIT, INC.	
Article	es of Incorporation/Authorizati dment ge of Agent		SECRETARY OF TALLAHASSEI
☐ Conve			EE, FL
_	er lution/Withdrawal ous Name		
Other			
Authorized A	mount: \$35.00		

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

statement of cha	nge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Flor ration organized under the laws of the State ce or registered agent, or both, in the State	of Utah		
1 The name of t	of the corporation: CERTIFIT, INC.				
		je			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: Aug	ust 24, 1998 Document number:	F98 00000 4814		
	I street address of the current trment of State: (If resigned, e	registered agent and registered office on fi enter resigned)	le with the		
	Corporation	on Service Company	202 SE		
	120	1 Hays Street	TALL TALL		
	Tallahass	see, FL 32301-2525	2024 DEC 19 SECRETARY TALLAHI		
6. The name and (if changed):		gistered agent (if changed) and /or registere	d office SSEE.		
	COGENCY GLO	DBAL INC.	TATE FL		
	115 North Calho	P.O. Box NOT acceptable			
	Tallahassee, FL	· · · · · · · · · · · · · · · · · · ·			
The street addre	ess of its registered office and be identical.	d the street address of the business office	of its registered agent,		
=		uly adopted by its board of directors or by			
April 1	of an Administration of the Control	Bradley E. Wohlarb	era CLO		
I hereby accept I further agree t performance of agent. Or, if the hereby confirm	the appointment as registere to comply with the provision my duties, and I am familian is document is being filed me that the corporation has bee	ed agent and agree to act in this capacity s of all statutes relative to the proper and r with and accept the obligation of my pos erely to reflect a change in the registered en notified in writing of this change.	complete ition as registered office address, I		
/s/ Timothy f		12/19/2024			
•	nature of Registered Agent	Date			

Timothy Mayville, Assistant Secretary

Typed or Printed Name

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