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

Account#: 120000000088 August 18, 2022 Date:_ **David Shulman** Name:__ 1757894 Reference #:____ CERTIPAY HOLDING CO., INC. Entity Name: __ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion ☐ Merger ☐ Dissolution/Withdrawal ☐ Fictitious Name Other Authorized Amount: \$35.00 David Shulman Signature:

+44 (0)20.3786,1090

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

statement of cha	nge is submitted for a corpora	02, 617.0502, 607.1508, or 617.1508, Flori ution organized under the laws of the State te or registered agent, or both, in the State	of Florida	-
	he corporation: CERTIPAY I	v ü		
2. The principal		Place, Suite 100, Chandle	er, AZ 85224	
3. The mailing a	ddress (if different):	o Place, Suite 100, Chandle	r, AZ 85224	
4. Date of incorp	ooration/qualification: _7/29/20	Document number: P04	1000113298	
	street address of the current r tinent of State: (If resigned, er	registered agent and registered office on fil nter resigned)	le with the	
	RUG	GIERI, MARK J		
	130 BATES	AVE SW SUITE 101		
	WINTER	HAVEN, FL 33880	2022 se c	
6. The name and (if changed):	street address of the new regi	istered agent (if changed) and /or registere	2022 AUG 18 SECRE INCOME TAL SECTION	
	COGENCY GLO	BAL INC.	S SE	!! [7]
	115 North Calho	un St., Suite 4	8: 47 STATE E. FI	
	Tallahassee, FL	·	jri -1	
The street addre	ss of its registered office and be identical.	the street address of the business office	of its registered age	nt.
Such change wa authorized by th	s authorized by resolution du e board, or the corporation ha	dy adopted by its board of directors or by as been notified in writing of the change.	an officer so	
/s/ Kara Childress		Kara Childress		_
Ü	e of an officer or director the appointment as registered o comply with the provisions my duties, and I am familiar s document is being filed men that the corporation has been	Printed or typed name in dispersion and agree to act in this capacity, of all statutes relative to the proper and with and accept the obligation of my posteely to reflect a change in the registered an notified in writing of this change.		
/s/ Tim Mayv	ille	8/18/2022		_
Sign If signing on bel	nature of Registered Agent nalf of an entity:	Date		

Tim Mayville, Assistant Secretary

Typed or Printed Name

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