2/21/2020

Division of Corporations

Florida Department of State Election Rling Cover Sheet

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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**Enter the email address for this business entity to be used for future report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE CORTEZ, INC.

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FEB 24 2020



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

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation organization or in order to change its registered office or reg	ganized under the laws of the State ofFk	orida
1. The name of the corporation: Cortex, Inc.		
2. The principal office address: 700 ROPER PARKWA	AY, OCOEE, FL 34761	
3. The mailing address (if different).		
4. Date of incorporation/qualification: 06/06/1974	Document number: 454484	
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resi		
Cortez, Edwin L.		
700 Roper Parkway		
Ococe, FL 34761		
6. The name and street address of the new registered a (if changed):	agent (if changed) and /or registered office	2020 FEB 2
C T Corporation System		2 1
c/o C T Corporation System, 1200 Sout	th Pine Island Road	
P.O. Hox NOT acceptable		AMIO: 5
Plantation, Florida 33324		9
The street address of its registered office and the streas changed will be identical.	eet address of the business office of its regis	stered agent,
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	sted by its board of directors or by an officer notified in writing of the change.	г ѕо
Matalie Pickens	Natalic Pickens-Authorized Person	
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s performance of my duties, and I am familiar with an agent. Or, if this document is being filed merely to r hereby confirm that the corporation has been notifie	Printed or typed name and title and agree to act in this capacity, tatutes relative to the proper and complete d accept the obligation of my position as res reflect a change in the registered office addi ed in writing of this change.	gistered ress, I
By: C.T.Corporation System	02/19/2020	
Segmature of Revisiered Agent	Date	—
If signing on behalf of an entity:		
Sarah Revelle-Asst. Secretary Typed or Printed Name		
••	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314