From:	05/08/9018*17238 #013 P.00)1/002
	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	
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	Fax Number : (850)617-6360 From: Account Name : COGENCY GLOBAL, INC. Account Number : 12000000068 Fhone : (800)221-0102 Fax Number : (800)944-6607	
47	nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	
RECEIVED 18 May -9 AM 7:	REGISTERED AGENT CHANGE H. STERN JEWELERS, INC. Certificate of Status Certificate of Status Page Count 0 0 0 0 0 0 0 0 0 0 0 0 0	
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5/8/2018

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

10/25/1968

 CORFORATE CREATIONS NETWORK INC.

 11380 PROSPERITY FARMS ROAD #221E

 PALM BEACH GARDENS
 FORIDA
 33410

 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

 COGENCY GLOBAL INC.

COGEN	CY GLOBAL INC.	
115 North Calho	oun Street, Suite 4	
P O Box	NOT acceptable	<u></u>
Tollohosege	Florida	32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

líζ GUY A. REISS, SECRETARY saure of an officer or director Printed or typed name and title I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

fature of Registered Agent If signing of behalf of an entity: Kothnine Meer Typed or Printed Name

4. Date of incorporation/qualification: _

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAULAHASSEE, FL 32314 CR2E045 (03/12)

From:

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