F0000003033

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer





900376783249

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 425561 8363636

AUTHORIZATION : Smell &

COST LIMIT : \$' 35/00

ORDER DATE: January 21, 2022

ORDER TIME : 1:52 PM

ORDER NO. : 425561-003

CUSTOMER NO: 8363636

CHANGE OF AGENT

NAME: ARTECH DESIGN GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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

statement of cha	inge is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this oration organized under the laws of the State of TN
		ffice or registered agent, or both, in the State of Florida.
	the corporation: ARTECH D	
2. The principal	office address: 1410 COW	ART STREET, CHATTANOOGA, TN 37408
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 05/3	0/2000 Document number: F00000003033
5. The name and Florida Depar	d street address of the current truent of State: (If resigned	nt registered agent and registered office on file with the , enter resigned)
	COGENCY GLOBAL INC	
	115 N CALHOUN ST ST	E4 250
	TALLAHASSEE, FL 3230	D1
6. The name and (if changed):	i street address of the new r	egistered agent (if changed) and /or registered office
	Corporation Service Com	pany
	1201 Hays Street	
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
		and the street address of the business office of its registered agent
Such change wa authorized by th	is authorized by resolution ne board, or the corporation	duly adopted by its board of directors or by an officer so a has been notified in writing of the change.
. <i>=</i> ./	<u></u>	David Hudson, VP
Signatu	e of an officer or director	Printed or typed name and little
of my duties, an document is bei corporation has	the appointment as registe o comply with the provision of I am familiar with and a ng filed merely to reflect a been notified in writing of n Service Company	ered agent and agree to act in this capacity. Poss of all statutes relative to the proper and complete performance could be a statutes relative to the proper and complete performance could be abligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the fithis change.
	ent-Kubiy	01/19/2022
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
	Asst. Vice President	
T	ped or Printed Name	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)