F0300005430

(Red	questor's Name)			
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	08/27/2021	
Name:	Chain Viels	
Reference #	1438338	
Entity Name	FOUR SEASONS SA	LES AND SERVICE, INC.
Article	es of Incorporation/Authorization to	Transact Business
Amer	ndment	
✓ Chan	ge of Agent	
Reins	statement	
Conv	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	samount: / \$35.00	

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

Pursuant to the provisions of sections 607.0502, statement of change is submitted for a corporation in order to change its registered office of	on organized under the laws of the Sto	ate of Tennessee		
1. The name of the corporation: FOUR S				
2. The principal office address: No Change				
3. The mailing address (if different):				
4. Date of incorporation/qualification: Octobe	er 27, 2003 Document number:	F03000005430		
5. The name and street address of the current reg Florida Department of State: (If resigned, ente		file with the		
NRAIS	Services, Inc.	·		
1200 South Pine Island Road				
Plantati	on, FL 33324	78		
6. The name and street address of the new registe (if changed): COGENCY GLOB	AL INC.	red office 27 AH		
115 North Calhoui	. Box NOT acceptable			
The street address of its registered office and thas changed will be identical.	e street address of the business offic	e of its registered agent,		
Such change was authorized by resolution duly authorized by the board, or the corporation has	adopted by its board of directors or	by an officer so		
/s/ Valerie Taylor	Valerie Taylor	CFO		
I hereby accept the appointment as registered a l further agree to comply with the provisions of performance of my duties, and I am familiar wi agent. Or, if this document is being filed merely hereby confirm that the corporation has been no	gent and agree to act in this capacit all statutes relative to the proper an th and accept the obligation of my po y to reflect a change in the registere	v. id complete osition as registered		
/s/ Tim Mayville	August 2, 202	21		
Signature of Registered Agent If signing on behalf of an entity:	Date			

Tim Mayville, Assistant Secretary

Typed or Printed Name

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