

F060000000249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

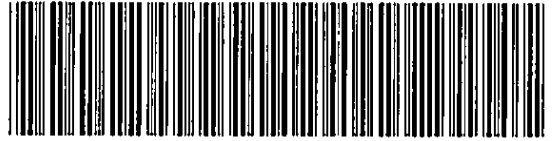
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RA & RO change

2022 MAY 13 PM 12:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2022 MAY 13 PM 4:16  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY  
MAY 17 2022



**COGENCYGLOBAL**

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

Date: May 13, 2022

Account#: I20000000088

Name: David Shulman

Reference #: 1672248

Entity Name: T-SYSTEM, INC.

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other \_\_\_\_\_

**ISSUES? CALL**

**David:**

**850-270-0082**

Authorized Amount: **\$35.00**

Signature: David Shulman

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Texas in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: T-SYSTEM, INC.

2. The principal office address: No Change

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: January 13, 2006 Document number: F06000000249

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)

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

COGENCY GLOBAL INC.  
115 North Calhoun St., Suite 4  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

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.

/s/ Scott Tudor  
Signature of an officer or director

Scott Tudor CFO  
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.*

/s/ Tim Mayville  
Signature of Registered Agent

5/13/2022  
Date

If signing on behalf of an entity:

Tim Mayville, Assistant Secretary  
Typed or Printed Name

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