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(Requestor's Name)
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(City/State/Zip/Phone #)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 01	/10/2023	
Name:	Greg Pintacuda	_
Reference #:	1879411	
Entity Name:	CVR AS	SOCIATES, INC
	of Incorporation/Authorization	
Amendm	ent	
✓ Change of	of Agent	
Reinstate	ement	
Conversi	on	
Merger		
Dissolution	on/Withdrawal	
Fictitious	Name	
Other		· · · · · · · · · · · · · · · · · · ·
Authorized Amo	unt:\$35	
Signature:	AM.	

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 6 ange is submitted for a corporation organized under the la	ws of the State	of Flo		_
	er to change its registered office or registered agent, or bount the corporation: CVR ASSOC				
	office address: No Change				<u> </u>
3. The mailing	address (if different): 210 Sixth Avenue, Suite 3100,	Pittsburgh P.	A, 15222		
4. Date of incom	rporation/qualification: June 8, 2006 Document	number:	F06000	0040	22
	nd street address of the current registered agent and registere artment of State: (If resigned, enter resigned)	ed office on file	e with the		
	ROCHA, FRADIQUE A				
	2309 SOUTH MACDILL AVENUE, S	SUITE 200	<u> </u>	2023 JAH	
	TAMPA, FL 33629	<u>-</u>	···	JAH	·.]
6. The name an (if changed):		d /or registered	d office	11 Aii 9:	المدمسة الأوراد
	COGENCY GLOBAL INC.		— <u>;</u> -	42	
	115 North Calhoun St., Suite 4 P.O. Box NOT acceptable	<u> </u>			
	Tallahassee, FL 32301				
The street addr	ress of its registered office and the street address of the bull be identical.	siness office o	of its registe	ered age	ent.
Such change wauthorized by t	as authorized by resolution duly adopted by its board of d the board, or the corporation has been notified in writing o	lirectors or by of the change.	an officer s	60	
/s/ Daniel N	Moran Daniel M	oran, CFO	sd title		_
I further agree performance of agent. Or, if th	t the appointment as registered agent and agree to act in to comply with the provisions of all statutes relative to th f my duties, and I am familiar with and accept the obligat his document is being filed merely to reflect a change in th that the corporation has been notified in writing of this c	te proper and c ion of my posit he registered o	complete tion as regi ffice addre	istered ss, I	
/s/ Tim May		/2023			_
	enature of Registered Agent chalf of an entity:	Date			

Tim Mayville, Assistant Secretary

Typed or Printed Name

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