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

Account#: I20000000088

Account#. 1200000000
SERVICES, INC.
Business
ISSUES? CALL
KEN:
518-213-0738



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

Account#: I20000000088

Date: March 09, 2020	Account#. 1200000000	
Name: KEN HOWELL		
Reference #:1188840		
Entity Name: EXECUTIVE INFORMATION	SERVICES, INC.	
Articles of Incorporation/Authorization to Transact E	Business	
☐ Amendment		
☑ Change of Agent	ISSUES? CALL	
Reinstatement	KEN:	
Conversion	518-213-0738	
Merger Merger		
☐ Dissolution/Withdrawal		
☐ Fictitious Name		
Other		
Authorized Amount: \$35.00		
Signature:		

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

L. The name of	the corporation: EXECU	JTIVE INFORMATION S	ERVICES, INC
	office address: No Change		
3. The mailing a	nddress (if different):		
4. Date of incor	poration/qualification: Noveml	ber 27, 2006 Document number:	F06000007488
	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on f er resigned)	ile with the
	Dav	is, Justin P	
	1396 NE 20	TH AVE, SUITE 100	20 X -
	Ocala	a, FL 34470	
6. The name and (if changed):	d street address of the new regist	tered agent (if changed) and /or register	ed office &
	115 North Calhou		' ;-
	Tallahassee, FL	32301	
The street addr	ess of its registered office and the identical.	he street address of the business office	of its registered agent.
Such change w	as authorized by resolution duly	vadopted by its board of directors or be been notified in writing of the change	v an officer so
Isl Todd Dis	hardson	Todd Richardson	Secretary
	ire of an officer or director		, ,
Signati I hereby accept I further agree	the appointment as registered to comply with the provisions of my duties, and I am familiar wis document is being filed mere that the corporation has been t	agen and agree to act in his capacity of all statutes relative to the proper and with and accept the obligation of my poly to reflect a change in the registered notified in writing of this change.	d complete sition as revistered

Sean Honan, Assistant Secretary

Typed or Printed Name

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