(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Account#: I20000000088

Date:	8/19/2021	
Name:	Jennifer Bialowas	
Reference #	1394117	
		TE & LOCAL INC.
Articl	es of Incorporation/Authorization to	Transact Business
☐ Amer	ndment	
✓ Chan	nge of Agent	
☐ Reins	statement	
Conv	version	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
Othe	r	
Authorized A	Amount: 35.00	
Signature: _	9	

F: 800.944.6607

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

statement of cha	nge is submitted for a corporation (7.0502, 607.1508, or 617.1508, Flor organized under the laws of the State egistered agent, or both, in the State	of <u>Illir</u>	nois	 -
1. The name of t	he corporation: PERATON S	TATE & LOCAL INC.			
2. The principal	office address: No Change				
3. The mailing a	ddress (if different):		<u> </u>		
4. Date of incorporation/qualification: August 9, 2007 Document number: F07000004032					
	street address of the current registo tment of State: (If resigned, enter re	ered agent and registered office on filesigned)	e with the		
	CT CORPOR	ATION SYSTEM	 _	202	
	1200 SOUTH PI	NE ISLAND ROAD		2021 AUG	. 77
	PLANTATIO	ON, FL 33324	· ·	9 1 9	#4 =730 ,
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): COGENCY GLOBAL INC.				AH 8: 50	
	115 North Calhoun				
	Tallahassee, FL 32	x NOT acceptable			
The street addre	ss of its registered office and the s be identical.	treet address of the business office	of its registe	ered age	ent,
Such change wa authorized by th	s authorized by resolution duly ade e board, or the corporation has bee	opted by its board of directors or by en notified in writing of the change.	an officer :	80	
/s/ Jim Winner Signature of an officer or director		Jim Winner		Secretary	
I further agree t performance of	o comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and and accept the obligation of my post o reflect a change in the registered of fied in writing of this change.	uion as regi	istered vss. I	
/s/ Tim Mayv		8/18/2021	_,		_
Sign	nature of Registered Agent	Date			
If signing on bel	nalf of an entity:				

Tim Mayville, Assistant Secretary

Typed or Printed Name

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