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| | (Red | questor's Name) | |
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| | (Cit ₎ | y/State/Zip/Phone | e #) |
| PICK-L | JΡ | WAIT | MAIL |
| | (Bus | siness Entity Nan | ne) |
| | (Dod | cument Number) | |
| enified Copies | | _ Certificates | of Status |
| Special Instruction | ns to F | Filing Officer: | _ |
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July 30, 2021

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Account#: I20000000088

| Date: | <u></u> |
|--------------------------|------------------------------------|
| Name: KEN HOWEL | <u>.L</u> |
| Reference #: 13523 | 352 |
| Entity Name: | RON SPARKS INC. |
| | Authorization to Transact Business |
| Amendment | |
| Change of Agent | ICCUTCS CALL |
| Reinstatement | ISSUES? CALI KEN: |
| Conversion | 518-213-0738 |
| ☐ Merger | |
| ☐ Dissolution/Withdrawal | |
| ☐ Fictitious Name | |
| Other | |
| | |
| | |
| Authorized Amount: | \$35.00 |
| • | |
| Signature: | |

-1.212.947.7200



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

Account#: 120000000088 July 30, 2021 Date:____ **KEN HOWELL** Name:____ Reference #:_____1352352 Entity Name: RON SPARKS INC. Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion ☐ Merger ☐ Dissolution/Withdrawal Fictitious Name Other _____ Authorized Amount: \$35.00 Signature:

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

| statement of chan | rovisions of sections 60 ge is submitted for a co to change its registered | rporation organize | d under the laws of | the State of T | EXAS | | | |
|--|---|--|---|---|---------------|--|--|--|
| 1. The name of th | The name of the corporation: RON SPARKS INC. | | | | | | | |
| | office address: | | | | | | | |
| | 10345 Walnut LN. | | FORNEY | TX | 75126 | | | |
| 3. The mailing ad | dress (if different): | | | | · | | | |
| | P.O. Box 2102 | | FORNEY | TX | 75126 | | | |
| 4. Date of incorpo | oration/qualification: | 02/07/2008 | Document numb | per: F0800 | 0000578 | | | |
| | street address of the cur nent of State: (If resign | | | fice on file with the | ; | | | |
| _ | CORP | ORATE CREATIC | NS NETWORK IN | IC. | ~> | | | |
| _ | 801 US HIGHWAY 1 | | | | | | | |
| - | NORTH PALI | M BEACH | FL | 33408 | 30 | | | |
| 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. P.O. Box NOT acc | | | | | | |
| | Tallahas | ssee | Florida | 32301 | | | | |
| The street addres as changed will b | s of its registered office identical. | e and the street ad- | dress of the busines | ss office of its regi | stered agent. | | | |
| Such change was authorized by the | authorized by resolution board, or the corporat | on duly adopted by ion has been notifi | its board of direct ed in writing of the | ors or by an office change. | r so | | | |
| 1000 | <u> </u> | | DAVID SPARES OR. COD | | | | | |
| I hereby accept to I further agree to performance of n agent. Or, if this hereby confirm th | of an officer or director he appointment as regi comply with the provi ny duties, and I am fam document is being file hat the corporation has | sions of all statute iliar with and acco d merely to reflect | gree to act in this of s relative to the pro ept the obligation of a change in the res | pper and complete I my position as re visiered office add | egistered | | | |
| Jonathan Beenick | | | 07/30/2021 | | | | | |
| Signature of Registered Agent | | | | Date | | | | |
| If signing on beh | alf of an entity; | | | | | | | |
| Jonathan (| Beenick | | | | | | | |
| Тур | ed or Printed Name | | | | | | | |

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