F08000000641

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Onicer:

Office Use Only



100425451441

2024 APR + 2 AM 11: 40 85 000 10: 10: 10: 10: 10:

RECEIVED

EN MUNT



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	04/02/2024					
	Patrice	Rush	_			
Reference	#:231	5801				
			N ASSOCIATES, INC.			
☐ Artic	les of Incorporation	on/Authorizatio	on to Transact Business		<i>(</i> -2)	
Ame	endment				<u>,2</u> ;	
√ Chai	nge of Agent			Six		
☐ Rein	statement				:6 EY	
Con	version			PAH	9: 3 8	
☐ Merç	ger					
☐ Diss	olution/Withdrawa	al				
☐ Fiction	tious Name					
☐ Othe	er					
Authorized	Amount:	\$35.00				
Signature:	(Lux					



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

statement of cha	nge is submitted f	for a corporation organi	2, 607.1308, or 617.1308, Florid ized under the laws of the State o red agent, or both, in the State o	of New York
		Innovation Associat		<i>y</i> 1107 tau.
	he corporation: _		ies, inc.	
2. The principal	office address:	30 Charles Street		
		Binghamton, NY	13905	
3. The mailing a	ddress (if differen	ıt):		
4. Date of incorp	ooration/qualificat	tion: 2/11/2008	Document number: <u>F08</u>	8000000641
		the current registered ag f resigned, enter resigned	gent and registered office on file d)	with the
	Thomas Cl	hristian		
	12948 Lak	keview Avenue		_
	Clermon	t, Florida 34711		7024.2
6. The name and (if changed):		the new registered agen	t (if changed) and /or registered	office - CO
		Calhoun Street, Suite 4	4	9: 3 3: 10: 1
		P.O Box	NOT acceptable	Tim co
	Tallaha	asse, Florida 32301		
The street addre	ess of its registere be identical.	ed office and the street a	address of the business office o	of its registered agent
Such change was authorized by th	as authorized by r ne board or the co	esolution duly adopted orporation has been not	by its board of directors or by ified in writing of the change.	an officer so
	Jessica Baer		Jessica Baer, Secretary	¥
Signatu	re-da analitiker distirect	tor	Printed or typed name ar	nd title
I further agree i of my duties, an document is bei	to comply with the d I am familiar w ng filed merely to	as registered agent and the provisions of all statu with and accept the oblig o reflect a change in the writing of this change.	l agree to act in this capacity, ites relative to the proper and c gation of my position as registe registered office address, I he	complete performance ered agent. Or, if this ereby confirm that the
Sign	nature of Registered Ag	gent	Date	
If signing on be	half of an entity:			
т,	yped or Printed Name			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)