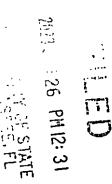
F08489

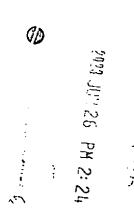
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



800410881728





CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker -- EXT#

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOU	NT NO.	;	12000000	195	
		REF	ERENCE		815504	8415867	
		AUTHORI	ZATION	: 57	indian	an	
		COST	LIMIT	: .	\$ 35.00		
ORDER DA	ATE :	June 14,	2023				
ORDER TI	ME :	1:43 PM					
ORDER NO). :	815504-04	6				
CUSTOMER	NO:	841586	7				
		<u>CHAN</u>	GE OF AG	 EENT	 :		
N	IAME :	LOTSPE	ICH & AS	SOC	TIATES, IN	С	
	CERTIF	IED COPY		PRC	OF OF FIL	ING:	
XX	PLAIN	STAMPED C	OPY				

EXAMINER:

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

statement of cha	mge is su	bmitted for a corporation	17,0502, 607.1508, or 61 i organized under the law registered agent, or both	s of the State of <u>F</u>	LORIDA	
		ration: LOTSPEICH & AS	C. C.	•		
			nt Drive Homestead, PA	15120		
3. The mailing a	iddress (i	f different):				
4. Date of incorp	oration/o	qualification: 12/02/198	Document n	umber: <u>F08489</u>		
		ldress of the current regis State: (If resigned, enter	tered agent and registered resigned)	d office on file wit	h the	
	COGE	NCY GLOBAL INC.				
	115 No	rth Calhoun St. Suite 4			÷	263
	Tallaha	ssee	FL	32301		، م شد
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office. Corporation Service Company					4 26 PH 12: 3
	-	ays Street			FL	<u>:</u>
			P.O. Box. NOT acceptable			
	Tallaha	ssee	FL	32301		
The street addre as changed will	ess of its be identi	registered office and the	street address of the bus	iness office of its	registere	ed agent.
Such change was authorized by the	is author ie board,	ized by resolution duly a or the corporation has b	dopted by its board of deen notified in writing o	irectors or by an of the change.	officer so	
X es	ر کی ا	agner	JILL CILMI, VIC	E PRESIDENT		
I hereby accept I further agree t of my duties, an document is bein corporation has	the appo to comply d I am fa ng filed i been no	intment as registered ag with the provisions of a miliar with and accept to merely to reflect a chang tified in writing of this co ce Company	ent and agree to act in t all statutes relative to the he obligation of my posi we in the registered office	d or typed name and till his capacity, p proper and comp tion as registered address, I hereby		formance Or, if this that the
By: Drawet	:	o oumpany	06/26/2023			
Sign		gistered Agent	-	Date		
If signing on bel	nait of ar	т епшу:				
	Ped or Prin	ted Name	-			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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