F09000000979

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer			

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2022 JUN 15 PM 2: 23

2022 JUN 15 AM IO: 51 SECRETARY OF STATE

A. BUTLER JUN 16 2022

COVER LETTER

TO:

Amendment Section **Division of Corporations**

For further information concerning this matter, plea	
E-mail address: (to be used for future annual re	
City/State and Zip Code professional@harboreompliance.	com
Laneaster, PA 17601	<u> </u>
Address	
1830 Colonial Village Lane	
Firm/Company	
Name of Contact Person	
Harbor Compliance	
Please return all correspondence concerning this ma	atter to the following:
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
DOCUMENT NUMBER: F09000000979	
Enganganay7u	
Name of Corporation	

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

		502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of New York
		ice or registered agent, or both, in the State of Florida.
1. The name of	the corporation: C & S WOR	LDWIDE HOLDINGS, INC.
2. The principal	office address: 499 Col Eileer	n Collins Blvd, Syracuse, NY 13212
3. The mailing a	address (if different): 499 Col	Eileen Collins Blvd, Attn: Legal Dept., Syracuse, NY 13212
4. Date of incor	poration/qualification: 03/10/	2009 Document number: F09000000979
	d street address of the current rtment of State: (If resigned,	registered agent and registered office on file with the enter resigned) 12075 1415
	COGENCY GLOBAL INC.	ALL THE
	115 North Calhoun St. Suite	4 HAS
	Tallahassee, FL 32301	AMIO: 51
6. The name and (if changed):	d street address of the new re	gistered agent (if changed) and /or registered office m
	Registered Agents Inc.	
	7901 4th St N STE 300	
		P.O. Box NOT acceptable
	St. Petersburg FL 33702	
The street address changed will	ess of its registered office ar be identical.	nd the street address of the business office of its registered agent,
		duly adopted by its board of directors or by an officer so has been notified in writing of the change.
/s/John D. Trimble		John D. Trimble - President
I hereby accept I further agree of my duties, ar document is be	to accept with the province	Printed of typed name and title red agent and agree to act in this capacity. us of all statutes relative to the proper and complete performance copt the obligation of my position as registered agent. Or, if this change in the registered office address. I hereby confirm that the this change.
Rill Hame		06/15/2022
Sig	nature of Registered Agent	Date
If signing on bo	chalf of an entity:	
Bill Havre		
1	yped or Printed Name	

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