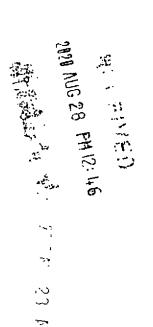
## F100000329

	(Requestor's Name)			
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions	s to Filing Officer:			
	ı			
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 08/	28/2020				
Name:	Merritt Walker	_			
Reference #:		_			
Entity Name: CHESTERFIELD SERVICES, INC.					
	Incorporation/Authorization				
☐ Amendme	ent				
Change o	f Agent				
Reinstater	ment				
Conversio	'n				
☐ Merger					
☐ Dissolution	n/Withdrawal				
Fictitious I	Name				
Other					
Authorized Amou	int: <b>\$35</b>				
Signature:	. 1/11				

+44 (0)20.3961.3080

F: +852.2682.9790

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

statement of change	is submitted for a corporation o	.0502, 607.1508, or 617.1508, F rganized under the laws of the St	ate of Ohio
in order to		gistered agent, or both, in the St	•
1. The name of the c	orporation: CHE	STERFIELD SERV	ICES, INC.
2. The principal offic	ce address: No Change		<del></del>
3. The mailing addre	ss (if different):		
4. Date of incorporat	ion/qualification: 01/21/2010	Document number:	F10000000329
	et address of the current register at of State: (If resigned, enter res	red agent and registered office on signed)	file with the
	REGISTERED AGE	NT SOLUTIONS, INC	
	155 OFFICE PLA	ZA DRIVE SUITE A	• •
TALLAHASSEE, FL 32301			
6. The name and stre (if changed):	et address of the new registered	agent (if changed) and /or registe	ered office
COGENCY GLOBAL INC.			<del></del>
1	15 North Calhoun S		
<u></u>	allahassee, FL 32	NOT acceptable	
The street address of as changed will be ic	its registered office and the strentical.	eet address of the business offic	ee of its registered agent,
Such change was aut authorized by the box	horized by resolution duly adopard, or the corporation has been	nted by its board of directors or a notified in writing of the chang	by an officer so
Signature of ar	S 255473	Robert Jessup	President
l further agrée to con performance of my d agent. Or, if this doc	hiply with the provisions of all s uties, and I am familiar with a	and agree to act in this capacit statues relative to the proper and accept the obligation of my pa reflect a change in the registere ed in writing of this change.	id complete oxition as registered
8/28/2020			
Signature o	of Registered Agent	Date	

If signing on behalf of an entity:

## Tim Mayville, Assistant Secretary

Typed or Printed Name

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