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

Account#: 120000000088

Date:	07/08/2021		
	Merritt Walker		
Reference	e #:1347075		
	me:	COFORGE, INC.	
_		orization to Transact Business	
☐ Am	endment		
☐ Rei	instatement		
Co	nversion		
□ Ме	rger		
☐ Dissolution/Withdrawal			
☐ Fict	titious Name		
Oth	ner		
Authorized	d Amount:\$3	5	
Signature:	:	w	

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

statement of change is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Georgia registered agent, or both, in the State of Florida.		
1. The name of the corporation: COFORGE, INC.			
2. The principal office address: 502 CARNEGIE CE	NTER DRIVE, STE 301, PRINCETON, NJ 08540		
3. The mailing address (if different):			
4. Date of incorporation/qualification: 03/02/2010			
5. The name and street address of the current registe Florida Department of State: (If resigned, enter re			
C T CORPORATION SYSTEM			
1200 SOUTH PINE ISLAND ROAD			
PLANTATION, FL 33324			
6. The name and street address of the new registered (if changed):	d agent (if changed) and /or registered office		
COGENCY GLOBAL INC.	<u> </u>		
115 NORTH CALHOUN STREET, SUITE 4			
P.O. Box NOT acceptable			
TALLAHASSEE, FL 32301			
The street address of its registered office and the sas changed will be identical.	street address of the business office of its registered agent.		
Such change was authorized by resolution duly adauthorized by the board, or the corporation has be	dopted by its board of directors or by an officer so		
	Ritesh Agrawal, AVP - Finance		
Signature of an officer of director	Printed of typed name and title		
I hereby accept the appointment as registered age I further agree to comply with the provisions of al of my duties, and I am familiar with and accept th document is being filed merely to reflect a change corporation has been notified in writing of this ch	ent and agree to act in this capacity. It statutes relative to the proper and complete performance we obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the lange.		
Menutt Walker Signature of Registered Agent	7/8/2021		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Merritt Walker	100		
Asst. Sucretary, Cogency Global Typed or Finded Name	IC.		

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (04/13)

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