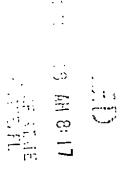
F10000005176

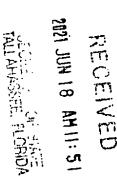
(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	ilL.
(Business Entity Name)	•
(Document Number)	
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P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date:	06/17/2021	
Name:		
Reference	e #: 1394117	
Entity Na	me:SI	MAUTHOR, INC.
	ticles of Incorporation/Authoriz	ation to Transact Business
An	nendment	
₽ Ch	nange of Agent	
☐ Re	einstatement	
Co	onversion	
	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	ctitious Name	
☐ Ot	her	
Authorize	d Amoun: \$35.00	

F: 800.944.6607

F: +852.2682.9790

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

		CIMALITHOE	O INIC	
1. The name of the corporation	· 	SIMAUTHUR	1, INC.	
2. The principal office address:	No Change			
3. The mailing address (if diffe	rent):			
4. Date of incorporation/qualifi	cation: Novembe	r 29, 2010 Document numb	per: F1000	0005
5. The name and street address Florida Department of State:			fice on file with the	
CT CORPOR	RATION SYSTEM	1 C/O CT CORPORATION	N SYSTEM	
120	00 SOUTH P	INE ISLAND ROAI	D	
	PLANTATI	ON, FL 3 <u>3</u> 324		•
6. The name and street address (if changed): COGEN	of the new registere		registered office	3 hil 8: 17
_115 Nor		St., Suite 4		
Tallahas	ssee, FL 3	-		
The street address of its registe as changed will be identical.	ered office and the	street address of the business	s office of its regis	tered a
Such change was authorized by authorized by the board, or the	y resolution duly ac corporation has be	dopted by its board of directors notified in writing of the	ors or by an officer change.	r so
/s/ Jim Winner		Jim Winner		etary
Signature of an officer or di I hereby accept the appointme I further agree to comply with performance of my duties, and agent. Or, if this document is hereby confirm that the corpor	nt as registered ago the provisions of a U am familiar with	ent and agree to act in this c ll statutes relative to the pro and accept the obligation of	pper and complete I my position as re	gistereo ess, I
/s/ Tim Mayville		6/17/2021		
Signature of Registered	Agent	···	Date	
If signing on behalf of an entit	V.			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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