F12000001522

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

Office Use Only



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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 If there are any issues please contact Patrice at 850-202-9071

Date:	01/03/2024				
	Patrice Rush				
	2214035				
	e: T Z	K SOURCE, INC.			
	les of Incorporation/Authoriz	ration to Transact Business			
✓ Change of Agent					
☐ Rein	statement				
☐ Conversion					
☐ Merg	ger				
☐ Dissolution/Withdrawal					
Fictitious Name					
Othe	r				
Authorized	Amount: \$35.00				

F: 800.944.6607

F: +852.2682.9790

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Floorganized under the laws of the Storegistered agent, or both, in the Sta	_{ute of} <u>Pennsylvania</u>		
1. The name of t	he name of the corporation: TX SOURCE, INC.				
2. The principal office address: No Change					
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: April 5	, 2012 Document number:	F12000001522		
	street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on esigned)	file with the		
	Corporation S	Service Company			
1201 Hays Street					
	Tallahassee,	FL 32301-2525			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	COGENCY GLOBA		Lange, marketing		
	115 North Calhoun Tallahassee, FL 3	ov NOT acceptable	PM 1: 08 ESTEORIDA		
The street addre	ss of its registered office and the be identical.	street address of the business offic	e of its registered agent.		
		lopted by its board of directors or leen notified in writing of the chang			
Signatu	a Cartagenova	Joshua Cartager Printed or typed hame			
I further agree t performance of agent. Or, if thi	o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacit Il statutes relative to the proper an and accept the obligation of my pa to reflect a change in the regisiered ified in writing of this change.	id complete osition as registered		
/s/ Tim Mayville		1/3/2024	<u></u>		
_	nature of Registered Agent	Date			

Tim Mayville, Assistant Secretary

Typed or Printed Name

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