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(Address)					
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Account#: I20000000088

Date:	05/07/2019	
	Joy Weaver	<u>-</u>
Reference	#:1076808	_
Entity Nam	e: CONCRETE POLISHI	NG TECHNOLOGIES, INC.
☐ Ame	cles of Incorporation/Authorization endment inge of Agent instatement eversion ger	to Transact Business
Diss	solution/Withdrawal	
☐ Ficti	itious Name	
Othe	er	
Authorized Signature:	Amount: \$35	

F: 800.944.6607



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Account#: 120000000088

Date: 05/07/2019		
	Joy Weaver	
Reference #:	1076808	
		ING TECHNOLOGIES, INC
☐ Article:	s of Incorporation/Authorizatio	n to Transact Business
	e of Agent	
☐ Reinst	atement	
☐ Conve	rsion	
☐ Merge	r	
☐ Dissol	ution/Withdrawal	
Fictitio	us Name	
Other_		
Authorized Ar	mount: \$35	
Signature:	fillavel	

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

statement of cha	inge is submitted for a c	corporation organized	7.1508, or 617.1508, Flo under the laws of the Sta	te of Tennessee
			agent, or both, in the Sta JSHING TECH	NOLOGIES, INC.
2. The principal	office address: No Cl	nange		
3. The mailing a	oddress (if different):			
4. Date of incorp	poration/qualification: _	May 1, 2012	Document number:	F12000001858
	i street address of the curtment of State: (If resig		and registered office on	file with the
	INC	ORP SERVIC	ES, INC.	~
	17888	8 67TH COUR	T NORTH	9
	LOXA	AHATCHEE, F	L 33470	2019 N.ST -7
6. The name and (if changed):	d street address of the ne	ew registered agent (if	changed) and /or register	· .
	COGENCY	GLOBAL INC		# 02
	115 North Ca	alhoun St., St	uite 4	·
	Tallahassee,	P.O. Box NOT accep	able	
The street address changed will			ess of the business office	e of its registered agent,
Such change wa authorized by th	ns authorized by resolution board. Or the corpora	tion duly adopted by i	ts board of directors or b I in writing of the change	oy an officer so
Signalia	re of an officer or director	<u> </u>	Brad Padgett	President and title
I hereby accept I further agree performance of	the appointment as reg to comply with the prov my duties, and I am fai	visions of all statutes i miliar with and accep	ree to act in this capacity relative to the proper and the obligation of my pochange in the registered ting of this change.	r. d complete ssition as registered
	nature of Registered Agen:		5/7/2019	***************************************
	half of an entity:			

gning on behalf of an entity:

Tim Mayville, Assistant Secretary

Typed or Printed Name

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