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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

		7.0000
Date:	12/04/2018	
Name:	Marisa Kugelmann	
Referenc	ne #:1012448	
	me: ALLEGIANCE SUPPLY	INCORPORATED
Arl	ticles of Incorporation/Authorization to Tran	nsact Business
An	mendment	
✓ Ch	nange of Agent	2018 DEC
☐ Re	einstatement	C - 4
□ Co	onversion	
	erger	90 f
☐ Dis	ssolution/Withdrawal	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
☐ Fic	ctitious Name	·
Ot	her	
Authorize	ed Amount: 4535.00	
Signature	marisadel	

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

2. The principal office address: 1026 N. Coast Hw 3. The mailing address (if different): PO BOX 2464		Encinitas	CA	
3. The mailing address (if different):		Encinitas	CA	
PO BOX 2464				92024
Data of incompention/qualifications	<u> </u>	DEL MAR	CA	92014
4. Date of incorporation/qualification: September 12, 2012 Document number:		F12000	003749	
5. The name and street address of the c Florida Department of State: (If resi			file with the	
Corpo	ration Serv	ice Company		
	1201 Hays	Street		 1, 600
Tallal	nassee Fl	32301-2525		
6. The name and street address of the r (if changed): COGENCY			red office	
115 North C	alhoun St.,	, Suite 4		0.0
Tallahassee	P.O. Box NOT	scceptable		
The street address of its registered of its changed will be identical.	ice and the street	address of the business offic	e of its registe	ered agent,
Such change was authorized by resoluthorized by the board, or the corpor	ition duly adopted ation has been no	I by its board of directors or latified in writing of the chang	by an officer s	ю
7 MM		John McKinley-Preside		
Signature of an officer or director thereby accept the appointment as re further agree to comply with the pro verformance of my duties, and I am for verformance of this document is being for vereby confirm that the corporation h	gistered agent and visions of all state smiliar with and a led merely to refl as been notified in	d agree to act in this capacitudes relative to the proper an accept the obligation of my poster a change in the registered n writing of this change.		istered ss, I

Sean Honan, Assistant Secretary Typed or Printed Name

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