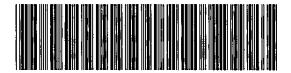
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Office Use Only



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TALLAHASSEE FIORIT



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: January 2, 2014

Order#: 931720-011

Re: COGNITIVE PROFESSIONAL SERVICES, INC.

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience?

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statemënt of cha	provisions of sections 607.0502, ange is submitted for a corporation or to change its registered office o	on organized under the le	aws of the State of	Georgia	;
1. The name of	the corporation: COGNITIVE PR	OFESSIONAL SERVIC	ES INC.		
	office address: 16333 S. Great (78681	
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 05/31/20	13 Document	number: F13000	0002343	
	d street address of the current reginterent reginterent of State: (If resigned, enter		ed office on file w	vith the	
	Florida Filing & Search Service	es, Inc.			
	155 Office Plaza Drive, Suite A				
	Tallahassee	FL	32301	-	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					<u></u>
	Corporation Service Company			ASSE	
	1201 Hays Street	Box NOT acceptable			y
	Tallahassee	FL	32301		ა
The street addre	ess of its registered office and the be identical.	e street address of the bu	isiness office of it	ts registered :	agent,
	as authorized by resolution duly a ne board, or the corporation has b				
		Dona Priebe, '	Vice President		
	regit an officer or director		ed or typed name and tit	ile	
I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered as to comply with the provisions of my duties, and I am familiar with document is being filed merely that the corporation has been no Service Company	all statutes relative to th h and accept the obligat h to reflect a change in t	ne proper and con tion of my position he registered offic	n as registere	₹d
By: Sylvi	a augget	12/26/2013			
/ U Sig	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Sylvia Queppet	, Assistant Vice President				
T	ped or Printed Name				

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