F14000004103

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

Date: (02/04/2022	
Name:	Merritt Walker	
Reference #:	1592239	
		ON SOFTWARE, INC.
Articles	s of incorporation/Authoriz	ation to Transact Business
Amend	iment	
	e of Agent	
Reinsta	atement	
☐ Conve	rsion	
☐ Merger	•	
☐ Dissolu	ution/Withdrawal	
Fictitio	us Name	
Other_		
Authorized An	nount: \$35	
Signature:	1111)

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

Pursuant to the provisions of sections 607.0502, 617 statement of change is submitted for a corporation of in order to change its registered office or re	organized under the laws of the Stat	e of Kentucky
1. The name of the corporation:C	ARLSON SOFTWAR	E, INC.
2. The principal office address: No Change		
3. The mailing address (if different):	· · · · · · · · · · · · · · · · · · ·	
4. Date of incorporation/qualification: September	29, 2014 Document number:	F14000004103
5. The name and street address of the current registe Florida Department of State: (If resigned, enter re		ile with the
File Fle	orida Co.	
7000 W. Palmetto	Park Rd, Suite 210	
Boca Rato	n, FL 33433	
6. The name and street address of the new registered (if changed): COGENCY GLOBA		ed office
115 North Calhoun S	St., Suite 4	
	x NOT acceptable	
The street address of its registered office and the stas changed will be identical.	treet address of the business office	of its registered agent,
Such change was authorized by resolution duly add authorized by the board, or the corporation has bee	opted by its board of directors or by	y an officer so
Muston Carpen Signature of an officer or director		Kristen Carlson
I hereby accept the appointment as registered agen I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi	statutes relative to the proper and	complete
/s/ Michael Carlisle	02/02/2022	
Signature of Registered Agent If signing on behalf of an entity:	Date	

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

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

Michael Carlisle, Assistant Secretary
Typed or Printed Name