F14000005265

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

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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: 09/03/202	20		
Name: Marcel Og	bonna-Amu		
Reference #:	1260152	-	
Entity Name: IND	IAN RIVER PRES	SERVE ESTATES	CORP.
Articles of Incorpo	ration/Authorization t	o Transact Business	
Amendment			
Change of Agent			ANY ISSUES, CALL (2) MARCEL:
Reinstatement			(518) 213 - 0826
Conversion			(518) 213 - 0826 Thank you!
☐ Merger			- No.
Dissolution/Withdr	awal		. 5
Fictitious Name			
Other			
Authorized Amount:	\$35.00		
Signature:	ared og koma- 4 mi		

F: 800.944.6607

F: +852.2682.9790

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

statement of change is submitted	tions 607.0502, 617.0502, 607.1508, or 617.1508, I for a corporation organized under the laws of the egistered office or registered agent, or both, in the	State of Nevada
	INDIAN RIVER PRESERVE	
2. The principal office address:_		
3. The mailing address (if different	ent):	
4. Date of incorporation/qualific	ation: December 11, 2014 Document number:	F14000005265
5. The name and street address o Florida Department of State: (of the current registered agent and registered office of the firesigned, enter resigned)	on file with the
	NRAI Services, Inc.	
	1200 S. Pine Island Road	
	Plantation, FL 33324	20
6. The name and street address o (if changed):	of the new registered agent (if changed) and /or regi	stered office
COGEN	CY GLOBAL INC.	
115 Nort	h Calhoun St., Suite 4	
Tallahas	see, FL 32301	·:
The street address of its register as changed will be identical.	red office and the street address of the business of	Tice of its registered agent,
	resolution duly adopted by its board of directors of corporation has been notified in writing of the cha	
/s/ Natalia Ostensen	Natalia Ostensen	
- Landber dores to commover that	t as registered agent and agree to act in this capa he provisions of all statutes relative to the proper I am familiar with and accept the obligation of my eing filed merely to reflect a change in the registe ttion has been notified in writing of this change.	icity.
The	9/3/2020	
Signature of Registered A If signing on behalf of an entity		

Tim Mayville, Assistant Secretary

Typed or Printed Name

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