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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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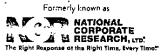
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DEPARTMENT OF CHAPTER 1

JUN 08 2017 C MCNAIR

JUN 07 2017 C MCNAIR





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date:June 06, 201	7	Account#: I2000000088
Name: Michelle Wall		
Reference #: C019	222	
Entity Name: HI-LITE G	LOBAL CORPORA	TION SERVICE STATES
Articles of Incorporation/	Authorization to Transact	Business
Amendment		POR A
Change of Agent	* Flor	
Reinstatement	7110	use reform original
Conversion		date.
☐ Merger		
☐ Dissolution/Withdrawal		
☐ Fictitous Name		
Other		· · · · · · · · · · · · · · · · · · ·
Please include a cop	y of cover letter with return	ed evidence. Thanks!
Authorized Amount:	35	Please note: If authorized amount is incorrect, please call Michelle at 518-213-0737.
Signature: Michel	leNally	was t
		ZOTT JUN -7 MI SECRETARY OF S ALLAHASSEE, FLA
CORPORATE HQ	© EUROPEAN HQ	ASIA PACETICHO

© CORPORATE HQ COGENCY GLOBAL INC 10 E 40° 1ST, 10 °FL NY, NY 10016 800.221.0102

+1.212.947.7200

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTER VAOICE?
& BEVIS MARKS, 19 FL
LONDON EC3A 73A
+44 (0)20,3786,1090

ASIA PACE ICHO
COGENCE GENERAL (HK) LIMITED:
A HONG KINGT WITED COMPANY
INFINITUS PLAZA, 12
HONG KONG
+852.3975.1803

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

Pursuant to the provisions statement of change is sub-	of sections 607.1 mitted for a corp	0502, 617.0502, 6 Poration organize	507.1508, or 617 d under the laws	7.1508, Florida of the State of	Statute De	zs, this laware	<u>.</u>		
in order to chang	e its registered o	ffice or registere	d agent, or both,	in the State of	Florida	7.			
1. The name of the corpora	of the corporation: HI-LITE GLOBAL CORPORATION								
2. The principal office add					<u>. </u>		<u>.</u> ,		
18249 H	-LITE DRIVE		ADAMS CE	NTER	NY		13606		
3. The mailing address (if	different):				·				
P.O.	Box 460		ADAMS CE	NTER	NY		13606		
4. Date of incorporation/qu	alification:	04/06/2015	Document nu	mber:	F1500	00015	20		
5. The name and street add Florida Department of S	tate: (If resigned	l, enter resigned)	•		vith the	!			
	CORI	PORATION SER		<u> </u>	-				
		1201 HAYS	STREET		,		.,		
	TALLAHAS	SEE	FL	32301-252	25	3	Ž.		
6. The name and street add (if changed):	iress of the new I	registered agent (f changed) and /	or registered o	ffice	9-NNF 1	ECKETA ISION OF		
		COGENCY GL	OBAL INC.		_	5			
	115 North Calhoun Street, Suite 4						200		
		P.O. Box NOT acco	ptable		-	ယ္က	A		
•	Tallahasse	ee	Florida	32301	-	2			
The street address of its reas changed will be identicated	gistered office a	and the street add	ress of the busir	ness office of i	ts regis	tered :	agent,		
Such change was authorized by the board, o	ed by resolution r the corporation	duly adopted by has been notifie	its board of dire d in writing of t	ectors or by an the change.	office	r so			
Signature of an officer		<u>K</u>	- UL - Son	na VPf	- 1000	٥-			
I hereby accept the appoint I further agree to comply y performance of my duties, agent. Or, if this document hereby confirm that the co	tment as registe with the provision	ar wiin ana arro	<i>ni ino antigatia</i> n	1 AT WILL BARILIA	M 40	gistere ess, i	ed		
Signature of Regis	iered Apeni	_ -	4	5/2017 Date	· 				
If signing on behalf of an	entity:								
Tim Mayville, Assistant Typed or Printed									
	* * *	FILING FEE:	35.00 * * *						

MAKE CHECKS FAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)