F17000002898

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Date: September 25, 2020

Name:___

Reference #:_____

Entity Name:_____

Amendment

David Shulman

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

Account#: 120000000088 **CROWLEY MICROGRAPHICS, INC.** Articles of Incorporation/Authorization to Transact Business

Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion Merger Dissolution/Withdrawal Fictitious Name Other Authorized Amount: \$35.00 Signature:

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

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation org		
in order to change its registered office or reg		
1. The name of the corporation: CROV	LEY MICROGRAPH	HCS, INC.
2. The principal office address: No Change		
3. The mailing address (if different):		
4. Date of incorporation/qualification: June 27,	2017 Document number:	F17000002898
5. The name and street address of the current registered Florida Department of State; (If resigned, enter resigned)	-	le with the
Corporation Se	rvice Company	
1201 Hay	s Street	
Tallahassee, F	L 32301-2525	
6. The name and street address of the new registered as (if changed):	gent (if changed) and /or registere	d office
COGENCY GLOBAL	INC.	(S)
115 North Calhoun St., Suite 4		
Tallahassee, FL 32301		 თ
The street address of its registered office and the street as changed will be identical.	et address of the business office	of its registered agent,
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been i	ed by its board of directors or by	
/s/ Jeff Manwiller	Jeff Manwiller	CFO
Signature of an officer of director I hereby accept the appointment as registered agent of I further agree to comply with the provisions of all staperformance of my duties, and I am familiar with analygent. Or, if this document is being filed merely to rehereby confirm that the corporation has been notified	atutes relative to the proper and accept the obligation of my pos effect a change in the registered i	complete ition as registered
/s/ Sean Honan	9/25/2020	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Sean Honan, Assistant Secretary Typed or Printed Name		
••	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)