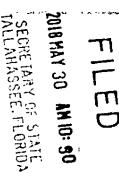
FI1CCOO4569

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

Office Use Only



100313682431



2818 HAY 30 PM 4: 16

RAIROCHS

MAY 3 1 2018

I ALBRITTON





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

Account#: I20000000088

Date:5/30/18	ACCOUNT#. 1200000000
Name: KEN HOWELL	
Reference #: C022025	
Entity Name: SEON SYSTE	MS SALES INC.
Articles of Incorporation/Authoriz	ation to Transact Business
☐ Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	ISSUES - CALL KEN @ 518-213-0738
Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$35.0 Signature:	0

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

statement of chai	provisions of sections 607.0502, 61 nge is submitted for a corporation	organized under the laws of the	State of B.C.,	<u>Canada</u>
	r to change its registered office or r he corporation:		~	
2. The principal	office address:			V3K7B2 CA
4. Date of incorp	oration/qualification: October 1	11, 2017 Document number:	F17000	004569
	street address of the current registe tment of State: (If resigned, enter re		on file with the	
	Northwest Regis	stered Agent, LLC.		
_	3030 N. Rocky P	oint Dr., STE 150A		201
_	TAMPA,	FL 33607		IO HA
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or regi	stered office	2018 HAY 30 A
_	COGENCY GLOBA	L INC.		
	115 North Calhoun	St., Suite 4		ANIO: 50 EE, FLORIDA
_	Tallahassee, FL 32	-		
The street addres as changed will b	ss of its registered office and the st be identical.	reet address of the business of	fice of its registe	ered agent,
Such change was authorized by the	s authorized by resolution duly add e board, or the corporation has bee	pted by its board of directors on notified in writing of the cha	or by an officer : nge.	so
Mau	c of an officer or director	Charles Cess	arms and title	
i nimmer avree to	he appointment as registered agen o comply with the provisions of all ny duties, and I am familiar with a i document is being filed merely to hat the corporation has been notifi	nt and agree to act in this capa statutes relative to the proper ind accept the obligation of my reflect a change in the registe ted in writing of this change.	city. and complete position as reg red office addre	istered 35, I
Signs	sture of Registered Agent	5/29/	2018	
If signing on beh	•	3.1.		

Sean Honan, Assistant Secretary

Typed or Printed Name

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