718000000177

(Requestor's Name)
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(City/State/Zip/Phone #)
(Orty/State) Elph Horic II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL COM

Account#: I20000000088

Date: November	Accounts: 12000000000	
Name: David \$		
Reference #:	1290945	
Entity Name:	NEXGEN DATA	A SYSTEMS, INC.
Articles of Incorp	oration/Authorization to T	ransact Business
Amendment		
✓ Change of Agent		ISSUES? CALL
Reinstatement		David:
☐ Conversion		850-270-0082
Merger		
☐ Dissolution/With	drawal	
Fictitious Name		
Other		
Authorized Amount Signature:	\$35.00	

-1.212.947.7200



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Account#: 120000000088

Date: November 24, 2020			Accounts. 12000000000	
Name: David S	Shulman			
Reference #:	1290945			
Entity Name:	NEXGEN DATA SYSTEMS, INC.			
Articles of Incorp	oration/Authorizat	ion to Transact Busine	ess	
Amendment				
☑ Change of Agent			ISSUES? CALL	
Reinstatement			David:	
☐ Conversion			850-270-0082	
Merger				
Dissolution/Witho	drawal			
Fictitious Name				
Other				
Authorized Amount:	\$35.00			
Signature:		//		

COGF NCY GLOBAL INC IC E 40 - \$1.10 - FU 19: Nº: 10016 800 221.0102 +1,212.947,7200 COGENCY GLOBAL (HIGHMITED AHORIC FORGER WITE CONTAIN INFINITUS PELAZA 12 1 4 1 199 DES VOEUX PD CENTRAL HONG KONG 4852.3975.1803

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

statement of char	ige is submitted for a corpora	2, 617.0502, 607.1508, or 617.150 tion organized under the laws of t e or registered agent, or both, in t	he State of Delaware
	ne corporation:	NEVOEN DATA CV	
	office address: No Change		
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: Janua	ary 12, 2018 Document number	F1800000177
5. The name and		egistered agent and registered offi	ce on file with the
	Corporatio	n Service Company	2020 NOV 24
	120	1 Hays Street	
	Tallahass	ee, FL 32301-2525	
6. The name and (if changed):	street address of the new region COGENCY GLO	stered agent (if changed) and /or r	registered office 99.
	115 North Calho		
	Tallahassee, FL	32301	
as changed will	be identical.	the street address of the business	
Such change wa authorized by th	s authorized by resolution du e board, or the corporation h	ly adopted by its board of directe as been notified in writing of the	ors or by an officer so change.
/s/ Ted Varne	er re of an officer or director	Ted Varner	Director of Operations
I hereby accept I further agree to performance of agent Or if the	the appointment as registeres o comply with the provisions my duties, and I am familiar s document is beine filed mer	d agent and agree to act in this co of all statutes relative to the proposition of with and accept the obligation of rely to reflect a change in the reg a notified in writing of this change	apacity, per and complete 'my position as registered istered office address, I
/s/ Tim May\		11/24/2020	
	nature of Registered Agent		Date
If signing on be	half of an entity:		

Tim Mayville, Assistant Secretary Typed or Printed Name

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