Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000380343 3)))



_	
To:	Division of Corporations
	Fax Number : (850)617-6380
From:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA000000023
	Phone : (954)208-0845
	Fax Number : (614)573-3996
Enter	the email address for this business entity to be used for future

REGISTERED AGENT CHANGE FOREFRONT TELECARE, INC.

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Help

To:

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

	-	12, 607.1508, or 617.1508, Florida Statutes, t nized under the laws of the State of Delawate	his
in ord	er to change its registered office or regist	ered agent, or both, in the State of Florida.	
1. The name of	the corporation: FOREFRONT TELECAP	RE, INC.	
2. The principa Hamilton, NJ 08	I office address: 3500 Quakerbridge Road,	Suite 105	
3. The mailing	address (if different):		
4. Dateofincorp	poration/qualification: 11/08/2010	Document number: F18000000686	
	d street address of the current registered autment of State: (If resigned, enter resigne	agent and registered office on file with the ed)	
	COGENCY GLOBAL INC.		
	115 NORTH CALHOUN ST., SUITE 4		
	TALLAHASSEE, FL 32301	•	2023
6. The name an (ifchanged):	d street address of the new registered age	nt (it changed) and /or registered office	2023 N97 - 1 P':
	C T Corporation System		P:
	1200 South Pine Island Road		
	P.O.Bo Plantation, Florida 33324	NOT acceptable	36
The street addr	ess of its registered office and the street be identical.	address of the business office of its register	ed agent.
Such change wauthorized by t	as authorized by resolution duly adopted he board, or the corporation has been no	I by its board of directors or by an officer so tified in writing of the change.)
-inty (industra		Andy Garlington, Chief Financial Officer	
<u>-</u>	ire of un officer or director	Printed or typed name and title	
I further agree of my duties, at document is be corporation ha	s been noujied in writing of this change.	utes relative to the proper and complete per igation of my position as registered agent. \ e registered office address. I hereby confirm	formanc Or, if thi, a that the
C T Corporation	n System Section 6 gnature of Registered Agent	10/12/2023	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
SEAN L. EMER	RICK, ASSISTANT SECRETARY		
1	Typed or Printed Name		
	* * * FILING FE	CE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (04/13)

By: