

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

F18000000756

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : COGENCY GLOBAL, INC.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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**REGISTERED AGENT CHANGE
US PAVEMENT SERVICES INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of MA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: US PAVEMENT SERVICES INC.

2. The principal office address: 39 INDUSTRIAL PKWY WOBURN MA 01801

3. The mailing address (if different):

4. Date of incorporation/qualification: 02/12/2018 Document number: F18000000756

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jacqueline Almeida
115 North Calhoun Street, Suite 4
Tallahassee FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

COGENCY GLOBAL INC.
115 North Calhoun Street, Suite 4
P.O. Box NOT acceptable
Tallahassee Florida 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/S/ MICHAEL MUSTO MUSTO, MICHAEL President
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

/S/ Jacqueline Almeida 3/26/2021
Signature of Registered Agent Date

If signing on behalf of an entity:

Jacqueline Almeida, Assistant Secretary
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314