F18000001750

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PICK-UP WAIT MAIL					
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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:)3/08/2024	
Name:	Patrice Rush	_
Reference #:_	2294453	_
Entity Name:_	PRODU	ICTIVITY, INC.
☐ Articles	s of Incorporation/Authorization	ı to Transact Business
Amend	ment	
✓ Change	e of Agent	
Reinsta	atement	
☐ Conver	rsion	
☐ Merger		
☐ Dissolu	ution/Withdrawal	
☐ Fictitiou	us Name	
Other_		
Authorized An	mount: \$35.00	
Signature:	(Pref	

F: 800.944.6607

F: +852.2682.9790

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

statement of cha	nge is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Fl poration organized under the laws of the Sta ffice or registered agent, or both, in the Sta	ate of Minnesota		
1. The name of the corporation: PRODUCTIVITY, INC.					
	office address: No Chan	nge			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: A	pril 12, 2018 Document number:	F18000001750		
	street address of the current tment of State: (If resigned	nt registered agent and registered office on l, enter resigned)	file with the		
	D	ANCER, BRIAN	2024 TÃL		
	42	03 FRASIER LN	TALLAHAS		
	PA	ACE, FL 32571			
6. The name and (if changed):		registered agent (if changed) and /or registe	· II · ;		
	COGENCY GL	OBAL INC.	<i></i>		
	115 North Calhoun St., Suite 4				
	Tallahassee, F	P.O. Box NOT acceptable L 32301			
The street addre	ss of its registered office a be identical.	and the street address of the business offic	e of its registered agent,		
Such change wa authorized by th	s authorized by resolution e board, or the corporation	duly adopted by its board of directors or has been notified in writing of the chang	by an officer so ge.		
/s/ Kevin Timm		Kevin Timm	Secretary		
Signatu	re of an officer or director	Printed or typed nam	e and title		
I further agree t performance of agent. Or, if the	o comply with the provision my duties, and I am famili s document is being filed i	ered agent and agree to act in this capacity ons of all statutes relative to the proper are ar with and accept the obligation of my pur merely to reflect a change in the registere een notified in writing of this change.	nd complete osition as registered		
/s/ Michael Carlisle		March 8, 2024			
Signing on bel	nature of Registered Agent	Date			

Michael Carlisle, Assistant Secretary

Typed or Printed Name

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