T18000003480

<i>*</i>					
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(Address)					
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DEC - 4 2019



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	12/03/2019					
	Jennifer Bialowas					
Reference	#:1157674					
	ne:	SOLERS INC.				
☐ Arti	cles of Incorporation/Author	ization to Transact Business				
Am-	endment					
✓ Cha	ange of Agent					
☐ Rei	nstatement					
☐ Cor	nversion					
☐ Mer	rger					
☐ Dissolution/Withdrawal						
☐ Fict	itious Name					
☐ Oth	er					
Authorized	$\cdot \cdot $					

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

statement of cha	nge is submitted for a c	corporation organized	07.1508, or 617.1508, Flo Lunder the laws of the Stat Lagent, or both, in the Stat	_{te of Virginia}			
I. The name of	. The name of the corporation: SOLERS FEDERAL, INC.						
3. The mailing a	address (if different):						
4. Date of incorp	poration/qualification: _	May 2, 2018	Document number:	F18000002480			
	f street address of the cr rtment of State: (If resig	9	t and registered office on f	ile with the			
	CTC	ORPORATIO	N SYSTEM				
	1200 SO	UTH PINE IS	LAND ROAD				
	PLA	NTATION, F	_ 33324	275 DFC -3			
6. The name and (if changed):	I street address of the no	ew registered agent (i	Changed) and for registere				
-	COGENCY (GLOBAL INC	· .	AH 9: 47			
	115 North Ca	Alhoun St., S					
	Tallahassee,	·	sane				
The street addre	ess of its registered office be identical.	ce and the street addr	ress of the business office	of its registered agent,			
Such change wa authorized by th	is authorized by resolut ie board, or the corpora	ion duly adopted by tion has been notified	its board of directors or by d in writing of the change	y an officer so			
Signatur	re of an officer or director		James M. Winner, Secretary	y and title			
I further agree t performance of agent. Or, if thi	o comply with the prov my duties, and I am fac	isions of all statutes niliar with and accep ed merely to reflect a	ree to act in this capacity. relative to the proper and of the obligation of my pos change in the registered iting of this change.	complete sition as revistered			
11							
Sign	nature of Registered Agent		Date				

If signing on behalf of an entity:

Tim Mayville, Assistant Secretary Typed or Printed Name

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