F18000004055

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



800388367738

ALLAHASSEE, FLOR

RECEIVED 2022 MAY 26 AM II: 52



of 5/27/2022



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

Account#: I20000000088

| Date:_ | 05/25/2022 | |
|------------------|--|---------------------|
| Name | Greg Pintacuda | |
| Refere | ence #: 1687519 | |
| | Name: INNOVATIVE FUNDING SE | ERVICES CORPORATION |
| | Articles of Incorporation/Authorization to T | ransact Business |
| | Amendment | |
| \checkmark | Change of Agent | |
| | Reinstatement | |
| | Conversion | |
| | Merger | |
| | Dissolution/Withdrawal | |
| | Fictitious Name | |
| | Other | |
| | | |
| Author Signat | prized Amount: \$35 | _ |

HONG KONG

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

| statement of cha | nge is submitted for a corporation | 517.0502, 607.1508, or 617.1508, Flance or organized under the laws of the Sta or registered agent, or both, in the Sta | te of <u>Colorado</u> | | |
|---|--|--|--|--|--|
| | | VE FUNDING SERVICE | | | |
| | office address: No Change | | | | |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | poration/qualification: Septemb | er 4, 2018 Document number: | F18000004055 | | |
| | street address of the current reginement of State: (If resigned, enter | stered agent and registered office on resigned) | file with the | | |
| | Corporation | Service Company | | | |
| | 1201 H | Hays Street | 202: | | |
| | Tallahassee | , FL 32301-2525 | ∰" 2022 HAY 20 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | | |
| | COGENCY GLOBA | AL INC. | 99. | | |
| | 115 North Calhour | |)5 | | |
| | Tallahassee, FL 3 | 30x NOT acceptable | | | |
| The street addre | ss of its registered office and the be identical. | street address of the business office | e of its registered agent. | | |
| Such change wa authorized by th | s authorized by resolution duly a e board, or the corporation has b | dopted by its board of directors or been notified in writing of the change | oy an officer so | | |
| Christian of Person | | CHRISTINE PIERSON | | | |
| I hereby accept I further agree to performance of agent. Or, if the | o comply with the provisions of a my duties, and I am familiar with | Printed or typed name tent and agree to act in this capacity all statutes relative to the proper and accept the obligation of my poto reflect a change in the registered tifted in writing of this change. | :. d complete sition as registered | | |
| /s/ Timothy Mayville | | 5/24/2022 | | | |
| | nature of Registered Agent | Date | | | |

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

Timothy Mayville , Assistant Secretary

Typed or Printed Name