FI900000154

	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:					





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

Account#: I20000000088

Date:	06/12/2019	
	Joy Weaver	
Reference	e #:1090737	
	me: M `	STRENGTH, INC.
	icles of Incorporation/Author	
☐ Am	nendment	
√ Ch	ange of Agent	
☐ Re	instatement	
Co	nversion	
☐ Me	rger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
☐ Oth	ner	
Authorize	d Amount: \$35.00	
Signature	: Julaus	

P: 800.221.0102

F: 800.944,6607

+44 (0)20.3961.3080

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

statement of cha	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org er to change its registered office or reg	ganized under the laws of the State	of		-		
I. The name of the corporation:				•			
	office address:						
1875 LAWRENCE ST, #550		DENVER,			0202		
3. The mailing a	address (if different):					_	
4. Date of incorp	poration/qualification: 01/09/201	9 Document number:	F19000	000154		_	
5. The name and Florida Depar	I street address of the current registered timent of State: (If resigned, enter resigned)	dagent and registered office on file ned)	with the				
	CORPORATION	SERVICE COMPANY	•		_		
	1201 HAVE STREET						
	TALLAHASSEE,	FL 32301-25	525	EASS.	JUN 12		
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered	office	Allassie, für	À	LED	
	COGENC	Y GLOBAL INC.		差点	ð: 2t		
	115 North Calhou	n Street, Suite 4		 '	#-		
		OT acceptable					
	Tallahassee	Florida 32301					
	ss of its registered office and the stree be identical.				t ,		
Such change was authorized by the	s authorized by resolution duly adopte e board, or the corporation has been n	ed by its board of directors or by a otified in writing of the change.	n officer :	so			
_] h	e of an officer or director	Karl Greiter	Office	er			
l hereby accept to I further agree to performance of to agent. Or, if this	the appointment as registered agent at the comply with the provisions of all sta my duties, and I am familiar with and s document is being filed merely to rej that the corporation has been notified	accept the obligation of my position of any position of accept the obligation of my position of accept the college of the coll	mplete	istered ss, l			
Loui 1	Dalace	6/6/2019					
1	ature of Registered Agent	Date					
f signing on beh	alf of an entity:						
	ped or Priviled Name * * * FILING FE	EE: \$35.00 * * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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