## F1900000215

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

Office Use Only



000377496860

TAIL CONTROL OF THE

2021 DEC 22 //// 9: 54

RECEIVED

2021 DEC 22 PH 4: 39



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 **COGENCYGLOBAL.COM** 

Account#: I20000000088

Date: <b>December 22, 2021</b>		Account#: 12000000000
Name: David Shulman		
Reference #:	1554553	
Entity Name:	VI	ENTUREFORTH, INC.
Articles of Incorpo	oration/Authori	zation to Transact Business
Amendment		
Change of Agent	)	ISSUES? CALL
Reinstatement		David:
Conversion		850-270-0082
Merger		
Dissolution/Withd	rawal	
Fictitious Name		
Other		
Authorized Amount:	\$35.6	00
Signature:	David Shulma	π 



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: December 22	2, 2021	Account#, 12000000000
Name: David Shu	lman	
Reference #:1	554553	
Entity Name:	VENTUREFO	DRTH, INC.
Articles of Incorporat	ion/Authorization to Trar	nsact Business
Amendment		
Change of Agent		ISSUES? CALL
Reinstatement		David:
Conversion		850-270-0082
Merger		
Dissolution/Withdraw	val	
☐ Fictitious Name		
Other		
Authorized Amount:	\$35.00	
Signature:	avid Shulman	·

-1.212.947.7200

· ASIA PACIFIC HQ

+852.3975.1803

EUROPEAN HO

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

statement of cha	provisions of sections 60 nge is submitted for a co r to change its registere.	orporation organized	l under the lav	vs of the State	of Georgia		
		d office or registered agent, or both, in the State of Florida.  VENTUREFORTH, INC.					
		No Change No Change					
3. The mailing a	ddress (if different):						
4. Date of incorp	ooration/qualification: _	01/07/2019	Document	number:	F19000000215	5	
	I street address of the cu tment of State: (If resign		t and registere	ed office on file	e with the		
		URS AGENTS	LLC				
		3458 LAKESHOI	RE DR				
	TALLAHASSEE			32312	2021 DEC SECRETA	-7 E)	
6. The name and (if changed):	I street address of the ne	w registered agent (i	f changed) and	d /or registered	I office: 22		
	C	COGENCY GLOBAL INC.					
	115 N	North Calhoun Street, Suite 4				٠. ٠	
		P.O. Box NOT acceptable					
	Tallaha	issee	Florida	32301			
The street address changed will	ess of its registered office be identical.	ce and the street add	ress of the bu	siness office o	of its registered age	nt.	
Such change wa authorized by th	is authorized by resolut ie board, or the corpora	ion duly adopted by tion has been notifie	its board of ded in writing o	irectors or by If the change.	an officer so		
/s/ JAY GOL			JAY GOL		CFO	_	
I hereby accept I further agree to performance of	re of an officer or director the appointment as reg to comply with the prov my duties, and I am fan is document is being file that the corporation ha	isions of all statutes niliar with and acce	gree to act in to relative to the pt the obligati	e proper and c ion of my posit	complete tion as registered		
/s/ Michael Carlisle			Dec. 21, 2021				
Sign	nature of Registered Agent			Date		-	
If signing on be	half of an entity:						
N	Michael Carlisle						
T:	yped or Printed Name						

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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