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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

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

	e provisions of sections 607.0502, 617.050 cange is submitted for a corporation orga			
	ler to change its registered office or regis			
1. The name of	the corporation: MORRIS KREITZ & SO	NS, INC.		
2. The principa	office address: 20 OESTERLING DR, RE	ADING, PA 19605		
3. The mailing	address (if different):			
4. Date of inco	poration/qualification: 06/25/2019	Document number: F1900000292	<u></u>	
	d street address of the current registered a triment of State: (If resigned, enter resign	_	he	
	COGENCY GLOBAL INC			2
	115 N CALHOUN ST, STE 4			2022 JUL
	TALLAHASSEF, FT. 32301			i- <u>-</u> -
6. The name an (if changed):	d street address of the new registered age	nt (if changed) and /or registered office		13 E
(UNIVERSAL REGISTERED AGENTS, I	NC.	<u>:</u> .	$\ddot{\infty}$
	1317 California Street			<u>5</u> ა
	-	NOT acceptable		
	Tallahassee, FL 32304			
The street addr	ess of its registered office and the street be identical.	address of the business office of its rep	gistered a	igent
Such change wanthorized by t	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an offi- tified in writing of the change.	cer so	
1/1/4	////	Ronald J. Yourey, Director		
I hereby accept I further agree of my duties, as document is be	the appointment as registered agent am to compty with the provisions of all state of I am familiar with and accept the obli- ing filed merely to reflect a change in the seen notified in writing of this change.	Printed or typed tissue and title d agree to act in this capacity, ttes relative to the proper and complet gation of my position as registered ag e registered office address, I hereby co	le perforn ent. Or, onfirm the	nanc if thi it the
Atra	1/2-	07/22/2022		
Si	isture of Registered Agent	Date		
If signing on be	half of an entity:			
Ashton Villegas,	-			
Т	yped or Printod Name			
	* * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)