F19000003794

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

2022 AUG 22 PH 4: 14

A. BUTLER AUG 2 3 2022



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

Account#: I20000000088

| Date: | 08/22/2022 | |
|------------|---------------------------------|---------------------------|
| | Greg Pintacuda | |
| Reference | #:1764477 | |
| | | 2 UES, INC. |
| | cles of Incorporation/Authoriza | tion to Transact Business |
| ☐ Ame | endment | |
| √ Cha | nge of Agent | |
| Rein | estatement | |
| Con | version | |
| ☐ Mer | ger | |
| Diss | olution/Withdrawal | |
| Fiction | tious Name | |
| Othe | er | |
| | | |
| Authorized | Amount: \$35 | |
| Signature: | Altho | |

F: 800.944.6607

F: +852.2682.9790

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

| statement of ch | ange is submitted for a corporat | 2, 617.0502, 607.1508, or 617.1508, Floring organized under the laws of the Sta | tte of <u>Delaware</u> | | |
|--|---|--|---|--|--|
| | | or registered agent, or both, in the Sta | ite of Florida. | | |
| | The name of the corporation: T2 UES, INC. | | | | |
| 2. The principa | l office address: No Change | | | | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incor | poration/qualification: Augus | st 15, 2019 Document number: | F19000003794 | | |
| | d street address of the current re artment of State: (If resigned, ent | gistered agent and registered office on er resigned) | file with the | | |
| | Corporation | n Service Company | | | |
| | 1201 | Hays Street | | | |
| | Tallahasse | e, FL 32301-2525 | | | |
| 6. The name an (if changed): | | tered agent (if changed) and /or registe | 2027 AUG 22 | | |
| | COGENCY GLO | BAL INC. | 22 | | |
| | 115 North Calhou | o. Box NOT acceptable | PH I:- | | |
| | Tallahassee, FL | <u>-</u> | | | |
| The street addras changed will | ess of its registered office and t l be identical. | the street address of the business offic- | e of its registered agent, | | |
| Such change w authorized by the | as authorized by resolution dul- he board, or the corporation has | y adopted by its board of directors or l s been notified in writing of the chang | by an officer so e. | | |
| /s/ Craig Sny | yder ure of an officer or director | Craig Snyder | President | | |
| I hereby accept I further agree performance of agent. Or, if th | t the appointment as registered to comply with the provisions of my duties, and I am familiar w his document is being filed merc | agent and agree to act in this capacity all statutes relative to the proper and it and accept the obligation of my payly to reflect a change in the registered notified in writing of this change. | y. d complete osition as registered | | |
| /s/ Timothy | • | 8/22/22 | | | |
| • | gnature of Registered Agent Chalf of an entity: | Date | | | |

Timothy Mayville, Assistant Secretary

Typed or Printed Name

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