19CCCC653

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

Office Use Only



300395228723

A. BUTLER OCT - 5 2022



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

Account#: 120000000088

Date:	10/04/2022				
	Greg Pintacuda				
Reference #:	1794403				
		PEXESO, INC			
<u> </u>	•	zation to Transact Business			
☐ Amendment☑ Change of Agent					
Reins	tatement				
☐ Conve	ersion				
☐ Merge	er				
☐ Dissolution/Withdrawal					
Fictition	ous Name				
Other					
Authorized A Signature: _	Mode				

F: 800.944.6607

F: +852.2682.9790

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

statement of change i	s submitted for a corporation	17.0502, 607.1508, or 617.1508, Fla organized under the laws of the Sta registered agent, or both, in the Stat	te of <u>Delaware</u>		
1. The name of the co	. The name of the corporation: PEXESO, INC				
	e address: No Change	•			
3. The mailing addre	ss (if different):				
4. Date of incorporat	ion/qualification: Novembe	r 27, 2019 Document number:	F19000005325		
	et address of the current regis it of State: (If resigned, enter i	tered agent and registered office on (resigned)	file with the		
	Incorp S	Services, Inc.			
17888 67TH COURT NORTH,					
	LOXAHATC	HEE, FL 33470			
(if changed): Column 1	OGENCY GLOBA	St., Suite 4	2022 OCT -4 SECRETE: 1		
The street address of as changed will be ic	horized by resolution duly a	street address of the business office dopted by its board of directors or been notified in writing of the change	e of its registered agent.		
Signature of a I hereby accept the of I further agree to co- performance of my a	hiply with the provisions of a laties, and I am familiar with	Rastislav Turek Printed or typed name ent and agree to act in this capacity ll statutes relative to the proper an and accept the obligation of my po	e. d complete ssition as registered		
agent. Or, if this doe hereby confirm that	cument is being filed merely the corporation has been not Mayville of Registered Agent	to reflect a change in the registered ified in writing of this change. 10/3/2022 Date	l office addřess. 1		

Tim Mayville, Assistant Secretary
Typed or Printed Name