F19000005535

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

Office Use Only



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2021 KOY 24 PH 4: 20



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

Account#: 120000000088

Date: November 24, 2021			Account#, 12000000000		
Name: David	Shulman				
Reference #:					
Entity Name:	PH	ENOM PEOPLE, IN	C.		
		ation to Transact Busin			
Amendment					
Change of Agent			ISSUES? CALL		
Reinstatement		David:			
Conversion			850-270-0082		
Merger					
Dissolution/With	drawal				
Fictitious Name					
Other					
Authorized Amount	\$35. 0	0			
Signature:	David Shulman				



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

Account#: I20000000088

Date: November 24, 2021		ACCOUNTRY: 12000000			
Name: David S	hulman				
Reference #:	1526516				
Entity Name:	P -	ENOM PEOPLE	, INC.		
		zation to Transact B			
Amendment					
Change of Agent	7		ICCITECS CALL		
Reinstatement		ISSUES? CALL David :			
Conversion			850-270-0082		
☐ Merger					
☐ Dissolution/Witho	irawal				
Fictitious Name					
Other					
Authorized Amount:	\$35.0	00			
Signature:	David Shulma				

-1.212.947.7200

EUROPEAN HQ

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

statement of char	ige is submitted for a corp	9502, 617.0502, 607.1508, or 617.1508, Flooration organized under the laws of the Sta	_{ite ofDelaware}
in order	to change its registered o	ffice or registered agent, or both, in the Sta	te of Florida.
1. The name of th	ne corporation:	PHENOM PEOPLE,	INC.
	office address: No Chan		
3. The mailing ac	ldress (if different):		
4. Date of incorp	oration/qualification: Dec	cember 13, 2019 Document number:	F19000005535
	street address of the curre ment of State: (If resigned	nt registered agent and registered office on l, enter resigned)	file with the
	CORPORAT	TON SERVICE COMPANY	2021
	120	1 HAYS STREET	2021 NOV
	TALLA	HASSEE, FL 32301	
6. The name and (if changed):	street address of the new i	registered agent (if changed) and /or registe	red office
	COGENCY GL	OBAL INC.	. 0
	115 North Call	noun St., Suite 4	
	Tallahassee, F	P.O. Box NOT acceptable	
The street addre	ss of its registered office a be identical.	and the street address of the business offic	e of its registered agent,
Such change wa	s authorized by resolution	nduly adopted by its board of directors or n has been notified in writing of the chang	by an officer so
/s/ Joseph Sr	nith e of an officer or director	Joseph Smith	VP of Finance
I hereby accept I further agree t performance of	the appointment as registed ocomply with the provisions of duties, and I am family some filed.	ered agent and agree to act in this capacit ons of all statutes relative to the proper ar iar with and accept the obligation of my po merely to reflect a change in the registere seen notified in writing of this change.	y. id complete osition as registered
/s/ Tim Mayv	ille	11/24/2021	
_	ature of Registered Agent nalf of an entity:	Date	

Tim Mayville, Assistant Secretary

Typed or Printed Name

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