F19000	3005541			
(Requestor's Name) (Address)	700376922517			
(City/State/Zip/Phone #)	2021 DEC 13 AH 8: 40 ENELARY OF STATE			
Certified Copies Certificates of Status	RECTVED			

Y SULKER DEC 14 2021



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

Account#: 12000000088
UP U.S., INC.
SS
ISSUES? CALL
David:
850-270-0082

Authorized Amount: \$35.00

\$00.00

David Shulman

Signature:

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

Pursuant to the provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Washington in order to change its registered office or registered agent, or both, in the State of Florida

L The name of	the corporation:	Berman	Falk Hospita	lity Group U	.S., Inc.			
2. The principa	al office address:#330 8029 199th St							
	Langley BC			CANADA				
3. The mailing	address (if different):							
4. Date of incorporation/qualification: <u>12/13/2019</u> Document number: <u>F1900</u>								
5. The name and Florida Depa	d street address of the cur rtment of State: (If resigne	rent registered ager 2d. enter resigned)	it and registeree	i office on file	with the			
	C	T Corporation S	System					
	1	200 S Pine Isla	nd Rd		_			
		Plantation FL	33324					
6. The name and (if changed):	l street address of the new	registered agent (i	Fchanged) and	or registered c	niice-Fi Eg			
	CC	GENCY GLOB	AL INC.		- 22	ယ အ	(m	
	115 No	orth Calhoun Str			UT S	AH 8	C	
		P.O. Box, NOT accept	udk			0 ¹ 1 :8		
	Tallahas	see	Florida	32301		0		
The street addres as changed will [ss of ite-registered office	and the street addr	ess of the busin	tess office of i	ts registered	l agent.		
Such change was authorized by the	s authorized by resolution board, or the corporatio	i duly adopted by i n has been notified	ts board of dire I in writing of t	ectors or by an he change.	officer so			
	of an officer or director	·	Gary Bern	1an Hyped mene and tr	President	l		
Thereby tecent in Thirther agree to performance of n agent Or, if this	to a pointment as registe comply with the provision of the comply with the provision of the complete the provision document is being filed of the complete the complete of the complete the complete the of the provision of the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete th		vec to act in thi relative to the p t the obligation rhanne in the s	s copacity roper and con of my position waistand and	nplete 1 as register 1e address, 1	vd 		
If signing on beha	alf of an entity:							
	sistant Secretary of COGEN	CY GLOBAL INC.						
Laps	ed or Printed Name							

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tallahassel, FL 32314 CR2L045 (0342)

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