F200000001318

(Reques	tor's Name)			
(Address	s)			
(Address	5)			
(City/Sta	ite/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Busines	ss Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				





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2020 APR13 AH 8: 03

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

Account#: I20000000088

Date:	04/13/2020		
	Chris Vick		
	#:1197749		
	e:	ZAPIER, INC.	
☐ Artic	cles of Incorporation/Autho	orization to Transact Business	
Ame	endment		
☐ Cha	nge of Agent		
Rein	nstatement		
☐ Con	version		
☐ Mer	ger		2A29
Diss	olution/Withdrawal		2020 APR 13
∠ Ficti	tious Name		MENTAL PH
Othe	er		PH 12: 32
Authorized	Amount: \$35.0	90	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··

And the same of



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

Account#: I20000000088

Date:	04/13/2020	
	Chris Vick	
	#:1197749	
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☐ Arti	icles of Incorporation/Autho	orization to Transact Business
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Ch.	ange of Agent	
☐ Re	instatement	
Co.	nversion	
☐ Me	rger	
Dis	solution/Withdrawal	
✓ Fic	titious Name	
Oth	ner	
Authorizei Signature	d Amount	00

S. 18 1.

F: 800.944.6607

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

statement of cha	nge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Flor ation organized under the laws of the State ce or registered agent, or both, in the State	e of Delaware		
. The name of the corporation: ZAPIER, INC.					
2. The principal	office address: No Change	e			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: Dece	mber 20, 2016 Document number:	F20000001378		
	tment of State: (If resigned, e	registered agent and registered office on finter resigned) P SERVICES, LLC	le with the 2020 APR 1 3		
	5011 S ST	TATE RD 7, STE 106	:% : : : : : : : : : : : : : : : : :		
	DAV	/IE, FL 33314			
6. The name and (if changed):	street address of the new reg	gistered agent (if changed) and /or registere	ed office 03		
	115 North Calho				
		P.O. Box NOT acceptable			
The street address changed will	ess of its registered office and be identical.	d the street address of the business office	of its registered agent,		
Such change wa authorized by th	is authorized by resolution due board, or the corporation h	uly adopted by its board of directors or by has been notified in writing of the change.	y an officer so		
/s/ Jennifer Bloom		Jennifer Bloom	CFO		
I hereby accept I further agree of	to comply with the provisions	Printed or typed name and agree to act in this capacity, so fall statutes relative to the proper and with and accept the obligation of my poserely to reflect a change in the registered in notified in writing of this change.	complete sition as revistered		
/s/ Tim May		4/13/2020	<u> </u>		
·	half of an entity:	Date			

Tim Mayville, Assistant Secretary

Typed or Printed Name

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