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

Office Use Only



100361894201

O SIMMON'S

MAR 2 2 2021



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

Account#: I20000000088

Date:_	03/19/2021	
Name:,	Jennifer Bialowas	_
Refere	nce #: <b>1342312</b>	
	Name: CBM MC	RTGAGE, INC.
<i>,</i>	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
<b>(</b>	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Authori	zed Amount: 35.00	<del></del>
Signatu	ure:	

F: +852.2682.9790

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

statement of change is subm	of sections 607.0502, 617.0502, 60 uitted for a corporation organized its registered office or registered	under the laws of the Sta	ite of Vi	rginia	<del></del>		
1. The name of the corporation: CBM MORTGAGE, INC.							
2. The principal office addre	ess: No Change						
3. The mailing address (if di	fferent):			<u> </u>			
4. Date of incorporation/qua	lification: June 3, 2020	Document number:	F2000	00025	65		
5. The name and street addre Florida Department of Sta	ess of the current registered agent at the current registered agent at the current resigned.	and registered office on t	file with the				
	PARACORP INCORI	PORATED		2			
155	OFFICE PLAZA DRIV	E 1ST FLOOR		2021 HAR			
	TALLAHASSEE, FI	L 32301	<del></del>	ξ. 			
6. The name and street addre (if changed):	ss of the new registered agent (if c	changed) and for register	ed office	AH IO:			
COGE	NCY GLOBAL INC.			: 12			
115 No	orth Calhoun St., Su						
_Tallaha	P.O. Box NOT accepted assee, FL 32301	bic					
	stered office and the street addres	ss of the business office	of its regist	ered age	nt.		
	by resolution duly adopted by its ne corporation has been notified i						
Signature of Jofficer or	digeter —	Printed or typed name a	iw A C	<u>6</u>	-		
performance of hv draies, an agent. Or, if this document i	ent as registered agent and agree h the provisions of all statutes re d Jum familiar with and accept to speing filed merely to reflect a cl tration has been notified in writi	e to act in this capacity, lative to the proper and he obligation of my pos	complete	stered ss, l			
/s/ Sean Honan		3/18/2021					
f signing on behalf of an ent	-	Date					

Sean Honan, Assistant Secretary Typed or Printed Name

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