## F9300000574

	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
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	(Document Number)	
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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:02/21/2020	
Name: Merritt Walker	
Reference #:1186510	
Entity Name: PROFESSIONAL DATA SOLUTIONS, IN	1C.
Articles of Incorporation/Authorization to Transact Business	
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount: \$35	
Signature:	

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

. · . · . .

statement of cha	mge is submitted for	a corporation or;	9502, 607.1508, or 61 ganized under the law gistered agent, or both	s of the Sta	tte of Texa	
	the corporation:	DDOFFS	SIONAL DAT			INC.
2. The principal	office address: No	Change				
3. The mailing a	iddress (if different)	:		_		
4. Date of incorp	poration/qualificatio	n: February 9	, 1993 Document r	iumber:	F930000	00574
	I street address of the		ed agent and registered gned)	d office on	file with the	€ 1 020 FEB
		CT Corpora	tion System			2
	120	0 South Pir	ne Is <mark>land</mark> Roa	ıd		A C
		Plantation,	FL 33324			40 io HW
6. The name and (if changed):	I street address of th	ū	igent (if changed) and	l /or registe	red office	
	115 North	Calhoun S	t., Suite 4		<del></del>	
	Tallahasse		NOT acceptable			
The street addre	ess of its registered be identical.	office and the stre	eet address of the bus	iness offic	e of its registere	d agent,
Such change wa authorized by the	ns authorized by res- ne board, or the corp	olution duly adop poration has been	ited by its board of di notified in writing of	rectors or t the chang	oy an officer so e.	
/S/ Sean Hor			Sean Ho		Assistant Secr	etary
I hereby accept I further agree t performance of agent. Or, if thi	to comply with the p my duties, and I am is document is being	pròvisions of all sa a familiar with and a filed merely to r	and agree to act in to tatutes relative to the d accept the obligative effect a change in the d in writing of this cl	proper an on of my po e registered	y. d complete osition as registe	ered I
/S/ Tim Mayville		Febru	ary 21, 2	020		
Sign	nature of Registered Agent half of an entity:			Date		

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

Tim Mayville, Assistant Secretary
Typed or Printed Name