## F99000002856

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COGENCYGLOBAL.COM

Account#: I20000000088

Date:	06/16/2020	
Name:		-
Reference #	4004004	_
Entity Name	THALLE CONS	TRUCTION CO. INC.
Article	es of Incorporation/Authorization	to Transact Business
☐ Amer	ndment	
✓ Chan	ge of Agent	
Reins	statement	
☐ Conv	ersion	
☐ Merg	er	
Disso	olution/Withdrawal	
☐ Fictiti	ous Name	
Other	·	
Authorized A	Amount: \$35.00	<u></u>

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

statement of cha	nge is submitted for a corp	9502, 617.0502, 607.1508, o oration organized under the ffice or registered agent, or	laws of the Stat	e of New York
	· -	THALLE CONST		
	office address: No Char			
3. The mailing a	.ddress (if different):			
4. Date of incor	poration/qualification:	une 3, 1999 <sub>Docume</sub>	ent number:	F99000002856_
	I street address of the curre timent of State: (If resigned	nt registered agent and regis l, enter resigned)	tered office on f	ile with the
	BLUMBERGEXCEL	SIOR CORPORATE S	SERVICES,II	VC.
	155 OFFICE I	PLAZA DRIVE, 1S	T FLOOR	
	Talla	hassee, FL 3230	)1	2020 JULY 16
6. The name and (if changed):	l street address of the new	registered agent (if changed)	and /or register	ed office
	COGENCY GL	OBAL INC.		
	115 North Call	noun St., Suite 4		26
	Tallahassee, F	P.O. Box NOT acceptable L 32301		
The street address changed will	ess of its registered office be identical.	and the street address of the	business office	of its registered agent,
		duly adopted by its board on has been notified in writing		
/S/ Peter K.			K. Tully	President
I hereby accept I further agree performance of agent. Or, if th	to comply with the provisi my duties, and I am famil is document is being filed	ered agent and agree to act ons of all statutes relative to iar with and accept the obli merely to reflect a change i ween notified in writing of th	o the proper and gation of my pos n the registered	l complete sition as registered
/S/ Tim May	ville	J	une 16, 2 <u>02</u> 0	
Sig	nature of Registered Agent		Date	
If signing on be	half of an entity:			

Tim Mayville, Assistant Secretary

Typed or Printed Name

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