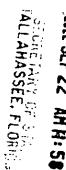
J38521

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	<u> </u>
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORN	E 22
		绞

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2022 SEP 22 AH 8: 37 SECRETARY OF SIC TALL AHASSEE, FIFE



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

Account#: I20000000088

Date:	09/21/2022	
Name:	Marcel Ogbonna-Amu	
Reference	#:1789749	
Entity Name	e:AHF INDUS	STRIES, INC.
☐ Artic	les of Incorporation/Authorization to	
— ☑ Chai	nge of Agent	ANY ISSUES, CALL MARCEL:
☐ Rein	statement	(518) 213 - 0826
Con	version	Thank you!
Merg	ger	
☐ Diss	olution/Withdrawal	
☐ Fictit	tious Name	
Othe	er	
	Amount: \$35.00	
Signature:	Muncel og bourne tom	

F: 800.944.6607

F: •852.2682.9790



1.

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Account#: I20000000088

Date:	09/21/2022	_		
	Marcel Ogboni	na-Amu	_	
Reference	#:1789	749		
	e:		USTRIES, INC.	
	cles of Incorporation.	/Authorizatior	to Transact Busine	ess
✓ Cha	nge of Agent			ANY ISSUES, CALL MARCEL:
Reir	nstatement			(518) 213 - 0826
Con	version			Thank you!
☐ Mer	ger			
Diss	solution/Withdrawal			
☐ Ficti	tious Name			
Othe	er			
Authorized	Amount:	\$35.00		
Signature:		og homer fra		

P: 800.221.0102

F: 800.944.6607

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

1.

statement of cha	provisions of sections 60, nge is submitted for a co r to change its registered	rporation organized	l under the lav	vs of the State	of FLORIDA
	in order to change its registered office or registered agent, or both, in the State of Florida. AHF INDUSTRIES, INC.				
	office address:		––––– 647 W STA	TE RD #56	
	RENCH LICK		- IN		47432
3. The mailing a	ddress (if different):	P.O. BOX 391			- -
_	FRENCH LICK		IN		47432
4. Date of incorp	ooration/qualification:	10/20/1986	_ Document i	number:	J38521
	I street address of the current of State; (If resigne		and registere	d office on file	e with the
	СТС	ORPORATION	SYSTEM		
	1200	0 S. PINE ISLAND ROAD		<u>-</u>	
	PLANTATION	FL_		33324	2022 2022 2023
6. The name and (if changed):	street address of the new	v registered agent (i	_	d /or registered	T ELL
	115 N	North Calhoun Street, Suite 4			
	Tallahas	P.O. Box NOT acce		32301	7
			Florida		
The street addre as changed will	ss of its registered office be identical.	e and the street add	ress of the bu	siness office o	f its registered agent,
Such change wa authorized by th	s authorized by resolution board, or the corporati	on duly adopted by on has been notific	its board of d d in writing o	irectors or by I the change	an officer so
-/Min	rue h	7	Laurence		President
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as regis the appointment as regis to comply with the provis my duties, and I am fami is document is being filed that the corporation has	sions of all statutes iliar with and accept I merely to reflect of	ree to act in t relative to the ot the obligati change in th	e proper and c ion of my posi- ie registered o	complete tion as registered
/s/ SHANNO	s/ SHANNON M. MADDOX 9/21/2022		2		
Sign	nature of Registered Agent			Date	
If signing on bel	half of an entity:				
COGE	NCY GLOBAL INC.				
Ty	ped or Printed Name	<u></u>			

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