119000168550

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

Account#: 120000000088

Date:	08/16/2019			
	Joy Weaver			
Reference #	1112185			
	indus	TRYSAFE IP, LLC		
	es of Incorporation/Authorizat			
Amendment				
Reinstatement				
Conv	ersion			
☐ Merg	er			
☐ Dissolution/Withdrawal				
Fictit	ious Name			
Othe	r			
Authorized A				
	/)			

F: 800.944.6607

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. Na	ame of the limited liability company: INDUSTRY	/SAFE IP,	, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	July 10, 2019		L19000168550
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	CT Corporation System		
s. (a)	Registered Agent and Registered Office shown on the records o	of the Florida D	Dept. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	Plantation, F	33324	
(h)	COGENCY GLOBAL INC.		20 E E E E E E E E E E E E E E E E E E E
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ress: O	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		\$10 P
	Tallahassee , F	L_32301	
the chagent was/w	limited liability company is not organized under the hange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe liability com of the limit	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
/s/ Eric Frantsvog		Eric F	Frantsvog
_	nture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, ed in writing of this change.	te performan led for in Ch	ince of my diffies, and Lam familiar with and accept Thanter 605 F.S. Or if this document is being filed
	im Mayville		
Signati	rice of Registered Agent Tim Mayville, Assistant Sec	cretary	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00