Le 1068

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(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:	04/03/2023	
Name:	Greg Pintacuda	
Reference	#: 1915418	
Entity Nan	ne: SAVE & EA	ARN MARKETING CORP.
Arti	cles of Incorporation/Authoriz	ation to Transact Business
Am	endment	
√ Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
☐ Mei	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
Oth	ner	
Authorized Signature:	MILA	

F: 800.944.6607

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

in orde	inge is submitted for a corport c r to change its registered of	fice or registere	d agent, or bott	h, in the State of	Florida.
1. The name of	the corporation:	SAVE	& EARN MA	RKETING CO	ORP.
2. The principal	office address:	45 W Sego Lily Drive, Suite 220			
	Sandy		UT		84070
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification:	03/26/1990	Document r	number:	L61068
	d street address of the current rtment of State: (If resigned,		nt and registere	d office on file v	with the
		RUBIN, LEV	VIS		_
	23	3 Gatehouse	Road		<i>`</i>
	Sea Ranch Lakes	FL		33308	2023 AFR
	Oca Hanon Eakes				- 芸
6. The name and (if changed):	d street address of the new re	egistered agent (if changed) and	l /or registered o	office $\frac{1}{\omega}$
	COG	SENCY GLOE	BAL INC.		AH 9
	115 N or	th Calhoun St	treet, Suite 4	.	_ ب <u>و</u> -
		P.O. Box NOT acc	eptable		_
	Tallahasse	ee	Florida	32301	_
The street address changed will	ess of its registered office as be identical.	nd the street add	lress of the bus	siness office of i	its registered agent.
Such change wa authorized by th	as authorized by resolution to board, or the corporation	duly adopted by has been notifie	its board of died in writing o	irectors or by an f the change.	officer so
Lelle Adu	a CA)a		Kelly Johnso	on, Chief Leg	al Officer
	A SOLA are of an officer or director			l or typed name and t	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as register to comply with the provision my duties, and I am familia is document is being filed n that the corporation has be	red agent and a ns of all statutes or with and acce nerely to reflect en notified in w	gree to act in the relative to the pt the obligation a change in the riting of this c	his capacity.	mplete m as registered ice address, l
40	Coccos //Carca			2/24/2023	
── / sig	nature of Registered Agent			Date	
If signing on be	half of an entity:				
Lauren Th	orne, Assistant Secreta	ігу			
	yped or Printed Name				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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