## M02346

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Account#: I20000000088

08/27/2019	
Joy Weaver	
#:1122492	<del></del>
e:	RCC I,INC
eles of Incorporation/Authoriz	zation to Transact Business
statement	
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er	
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	Joy Weaver  #: 1122492  e:  les of Incorporation/Authorizendment  inge of Agent statement  version  ger  olution/Withdrawal  tious Name

F: 800.944.6607

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

Pursuant to the provisions of sections 60 statement of change is submitted for a co in order to change its registered	rporation organize	ed under the laws of	the State of	Flo	rida	<del>-</del>				
The name of the corporation:	me of the corporation:									
2. The principal office address:										
333 S.E. 2nd Avenue, Suite 4400		Miami		Florida 3313		3131				
3. The mailing address (if different):										
4. Date of incorporation/qualification:	11/02/2007	Document number:		M02346						
5. The name and street address of the cur Florida Department of State: (If resign			fice on file	with the						
	NRAI Serv	ices, Inc		_						
	1200 South Pine	e Island Road								
Miam		FL	33324	_						
6. The name and street address of the new (if changed):			registered (		2019 AUG 2					
<del></del>	COGENCY GI	LOBAL INC.		- 33 - 36	7	in and				
115	115 North Calhoun Street, Suite 4									
Tallahas	P.O. Box NOT acc	Florida	32301		<b>9</b> :50	en_j				
The street address of its registered offic as changed will be identical.	e and the street ad	dress of the busine	ss office of	its regist	ered as	gent,				
Such change was authorized by resolution authorized by the board, or the corporat										
/s/ Paul Berkowitz Signature of an officer or director		Paul Berkowitz Assistant Secretary				<u>ry</u>				
I hereby accept the appointment as regi I further agree to comply with the provi performance of my duties, and I am fam agent. Or, if this document is being file hereby confirm that the corporation has	sions of all statute iliar with and acc d merely to refleci	is relative to the pro ept the obligation of ta change in the re	oper and ca of my positi gistered off	on as reg	isterea ess, I	i				
		8/27/2019			_					
Signature of Registered Agent			Date			_				
If signing on behalf of an entity:										
Typed or Printed Name										

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

Make checks payable to Florida Department of Sta