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DEPARTMENT OF STATE
STATEMENT OF CORPOPATIONS
TALLAHASSEE, FLORIDAD

T GLASS MAY 28 2019



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

Account#: I20000000088

Date: 05	5/24/2019			
	Joy Weaver			
Reference #:	4004200		201	
Entity Name:	INMATE CA	LLING SOLUTIONS, LLC	2019 HAY 24	2
	of Incorporation/Authoriza	ation to Transact Business	24 AH 9: 34	AND AND FILED
☐ Reinstate	ement			
Conversi	ion		DIVIS	19
Merger				MAY 24 AM 10: 5
☐ Dissoluti	on/Withdrawal			# A
☐ Fictitious	. Name			AM 10: 54
Other			025 C) t
Authorized Amo	nunt: \$25.00		•	

F: 800.944.6607

Signature:

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

Principal office address of limited by (Note: MUST BE STREET)		(b)	Mailing address of limited liability cor (Note: MAY BE POST OFFICE E
No Change		No.	Change
June 23, 2003		<u></u>	M03000002032
Date of filing/registration i	in Florida	4.	Document number
C T CORPORATION SYSTE	M		
Registered Agent and Registered Office sho	own on the records	of the Florida Dept	t, of State:
1200 SOUTH PINE ISLAND	ROAD		
Registered Office Address (MUST BE	FLORIDA STREE	TADDRESS)	
PLANTATION	, 1	FL_33324	7019
COGENCY GLOBAL INC.			A CONTRACTOR OF THE CONTRACTOR
OCCENTO I CECENTE 1110.		ad Office address	
Enter name of NEW Registered Agent and	d/or <u>NEW Register</u>	eu Office audi CN	•
		eg Office address	
Enter name of <u>NEW Registered Agent</u> and		ed Office address	
Enter name of <u>NEW Registered Agent</u> and 115 North Calhoun St., Suite		eg Office address	

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Tim Mayville, Assistant Secretary Division of Corporations • P.O. Box 6327 • Tallahassec, FL 32314

FILING FEE: \$25.00