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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:	01/23/2019				
	MICHAEL PETERSON	_			
Reference	#:1039036	_			
		SOLUTIONS LLC			
	les of Incorporation/Authorization	to Transact Business			
Amendment					
✓ Change of Agent					
Reinstatement					
Con	Conversion				
☐ Merg	☐ Merger				
☐ Dissolution/Withdrawal					
☐ Fictitious Name					
Other					
Authorized Signature:	Amount: #25 Mainl Pate				

F: 800.944.6607

· EUROPEAN HQ

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

1. Na	une of the limited liability company:ECOMPLY	SOLUTIONS LL	С
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No Cha	inge
	May 21, 2018	M180000	004888
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPANY		
(117	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of Sta	te:
	1201 HAYS STREET		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_
	TALLAHASSEE F	L_32301-2525	
(b)	COGENCY GLOBAL INC.		- 1 22
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	2019 SEC
	115 North Calhoun St., Suite 4		JAN 2
	NEW Registered Office Address:		γ _α ν ω
	Tallahassee	, 32301	AMIO: 52
	, F	L	- - -
the cha agent v was/wa	imited liability company is not organized under the kinge or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered offic liability company, it of the limited liabili e limited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
	Huey Siah	H	uey Siah Printed or typed name of signee
I here, provisi the obl to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and completing ations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	e performance of my ed for in Chapter 60	pacity. I further agree to comply with the duties, and I am familiar with and accept is, F.S. Or, if this document is being filed

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