

From:

03/29/2018 12:15

#955 P.001/002

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : COGENCY GLOBAL, INC.
Account Number : 120000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
MAN IN THE MIRROR, INC.**

Certificate of Status	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

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

Pursuant to the provisions of sections 607.0302, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: MAN IN THE MIRROR, INC.
2. The principal office address: 1375 State Road 436

3. The mailing address (if different): CASSELBERRY FL 32707

4. Date of incorporation/qualification: 04/02/1993 Document number: N93000001551

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State. (If resigned, enter resigned)

THOMAS BOROUGHS ESO
200 S ORANGE AVE, SUITE 2600
ORLANDO FL 32801

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed).

COGENCY GLOBAL INC.
115 North Calhoun Street, Suite 4
Tallahassee Florida 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Sharon Carey
Signature of an officer or director

Sharon Carey Director of Finance
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

3-22-17
Date

if signing on behalf of an entity:

CHARLOTTE ALMENDRA ASSISTANT SECRETARY
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MARJIE DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2645 (03-17)

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