	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-	J? MAIL MAIL
<del></del>	(Business Entity Name)
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Account#: I20000000088

Date: February 19, 2021		Account#, 12000000000		
Name: David S	hulman			
Reference #:	1325622			
Entity Name:	AXXYS CONSTRUCTION GROUP, INC.			
Articles of Incorpo	oration/Authoriz	zation to Transact Busi	ness	
Amendment				
✓ Change of Agent			ISSUES? CALL	
Reinstatement			David:	
Conversion			850-270-0082	
Merger				
Dissolution/Witho	Irawal			
Fictitious Name				
Other		<u>.</u>		
Authorized Amount:	\$35.0	00		
Signature:	-			

-1,212,947,7200

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

statement of cha	provisions of sections 60 inge is submitted for a co	orporation organized u	nder the laws of th <mark>e</mark> Sta	te of Florida		
in orde	r to change its registered					
1. The name of t	he corporation:	AXXYS CON	STRUCTION C	ROUP, INC.		
2. The principal	office address: No Ch	ange		<u> </u>		
3. The mailing a	ddress (if different):					
4. Date of incor	poration/qualification:	November 29, 2007	Document number:	P07000127780		
	i street address of the curtment of State: (If resign		nd registered office on t	file with the		
	CORPORA	ATION SERVIC	E COMPANY	<u>-</u>		
	1201 HAYS STREET					
	TALL	AHASSEE, FI	32301			
6. The name and (if changed):	I street address of the ne	w registered agent (if c	hanged) and /or register	red office		
	COGENCY C	SLOBAL INC.		1.503		
	115 North Ca	alhoun St., Su		3		
	Tallahassee,	P.O. Box NOT accepta	ble			
	ess of its registered office be identical.					
Such change was authorized by the	as authorized by resolutine board, or the corpora	ion duly adopted by its tion has been notified	s board of directors or b in writing of the change	oy an officer so		
/s/ Nathan S	anders		Nathan Sanders	Secretary and title		
I hereby accept I further agree performance of agent Or if th	the appointment as reg to comply with the prov my duties, and I am fan is document is being file that the corporation ha	isions of all statutes re miliar with and accept ed merely to reflect a c	te to act in this capacity that ive to the proper and the obligation of my po thange in the registered	). d complete sition as registered		
/s/ Tim May			2/18/2021			
	nature of Registered Agent		Date			
If signing on be	half of an entity:					

Tim Mayville, Assistant Secretary Typed or Printed Name

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