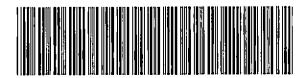
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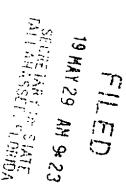
(Regu	estor's Name)	
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(City/s	state/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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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:	05/29/2019		
	Joy Weaver		
Reference	#:1088857		
Entity Nar	me: RCS	RECOVERY CORP.	
☐ Art	icles of Incorporation/Authoriz	zation to Transact Business	
Am	nendment		1
√ Ch	ange of Agent		19 MAY 29 PH 4: 36
Re	instatement		729
Co	nversion		# \$
□ Ме	erger		S7A; 36:36
☐ Dis	ssolution/Withdrawal		cont.
☐ Fic	titious Name		
☐ Oth	her		
Authorize Signature	d Amount: \$35.00		

P: +852.2682.9633

F: +852.2682.9790



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Account#: 120000000088

Date:_	05/29/2019	
	Joy Weaver	
Refere	nce #: 1088857_	
	Name: RC	S RECOVERY CORP.
		orization to Transact Business
	Amendment	
V	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Authori	zed Amount: \$35 .	00
Signatu	ire: <u>Julius</u>	

F: +852.2682.9790

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

statement of cha	nge is submitted for a corpore	12, 617.0502, 607.1508, or 617.1508, Flo ation organized under the laws of the Sto w or registered agent, or both, in the Sta	tte of Florida
		RCS RECOVERY C	•
2. The principal	office address: No Change	2	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: Octo	ber 13, 2009 Document number:	P09000084736
	street address of the current i tment of State: (If resigned, ci	registered agent and registered office on nter resigned)	file with the
	BEIGHLEY,I	MYRICK & UDELL, PA	
	1255 W. AT	TLANTIC BLVD. #314	ੁਜ
	POMPANO	BEACH, FL 33069	19 H
6. The name and (if changed):	street address of the new reg	istered agent (if changed) and /or registe	19 HAY 29
	COGENCY GLC	BAL INC.	
	115 North Calho	oun St., Suite 4	ा भ
	Tallahassee, FL	32301	
The street addre as changed will	ess of its registered office and be identical.	the street address of the business office	e of its registered agent.
Such change wa	is authorized by resolution du be board, or the corporation h	ily adopted by its board of directors or t as been notified in writing of the chang	by an officer so
M		Printed or typed name	
l further agrée (performance of agent. Or, if thi	o comply with the provisions my duties, and I am familiar is document is being filed me	d agent and agree to act in this capacity of all statutes relative to the proper at with and accept the obligation of my perely to reflect a change in the registered in notified in writing of this change.	nd complete osition as registered
/s/ Sean Hor		05/29/2019	
Sigi	nature of Registered Agent	Date	

If signing on behalf of an entity:

Sean Honan, Assistant Secretary

Typed or Printed Name

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