

## 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 : COGENCA GLOBAL, INC.

Account Number : 12000000000088

Phone : (800)221-0102 Fax Number : (800)944-6607

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

Email Address:\_

REGISTERED AGENT CHANGE **GUGI CORP** 

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PM 3: 41

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

statement of cha	provisions of sections 60 unge is submitted for a co er to change its registered	prporation organi	zed under the laws of	the State o	of FL	his	
	the corporation:			•	y rioriaa.		
2. The principal	office address:			······································			
11380 PROSPERITY FARMS ROAD, #221E		PALM BEACH GARDENS		FL	33410		
3. The mailing a	address (if different):						
C/O REINHARDT LLP, 44 WALL STREET, 10TH FLOOR			10005		NY	10005	
4. Date of incorp	poration/qualification:	12/18/2013	2/18/2013 Document number:		P13000100	00275	
	street address of the current of State: (If resigne			ice on file	with the		<b></b>
CORPORATE CREATIONS NETWORK						17	- ¥S
11380 PROSPERITY FARMS ROAD, #221E						MAY	55
				•			
	PALM BEACH	GARDENS	FL .	33410	<del></del>	7	098 098
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed): COGENCY GLOBAL INC.					office	PH 3: 41	OF STATI ₹PORATI
		COGENCY G	LOBAL INC.	·	-	4.	- <del>2</del> E
	115 North Calhoun Street, Suite 4 P.O. Box NOT acceptable						• • • • • • • • • • • • • • • • • • • •
Taliah			Florida 32301				
	ss of its registered office be identical.					l agent,	•
Such change was authorized by the	s authorized by resolution board, or the corporation	n duly adopted b on has been notif	y its board of directo led in writing of the	ers or by ar change.	officer so		
/\\\	Clo taxanett		Carlo Giovannetti		Officer		
•	the appointment as regists o comply with the provision of			pacity. per and col my position istered office.		red I	
-	ature of Registered Agent		D	are			
	FUNE Armon	07-	•				
Typ	ood or Printed Name	·· —					

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