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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:1	2/19/2019	
	Joy Weaver	_
Reference #:_	1167212	_
		INJECTION SERVICES, INC
Articles	of Incorporation/Authorization	to Transact Business
Amend	ment	
Change	e of Agent	
Reinsta	atement	
☐ Conver	rsion	
☐ Merger		
☐ Dissolu	ition/Withdrawal	
Fictition	us Name	
Other_		
Authorized An	nount: <b>\$35.00</b>	
Signature:	Hell	

F: 800.944.6607

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or ange is submitted for a corporation organized under the er to change its registered office or registered agent, or b	laws of the State of Florida	
<del></del>	the corporation: INTERNATIONAL FUEL INJECTION S		
2. The principal	office address: 1141 HOLLAND DRIVE, #24, BOCA RA	TON, FL 33487	
3. The mailing a	address (if different): 10522 Stonebridge Blvd., Boca Rato	on, FL 33498	_
4. Date of incorp	poration/qualification: 01/14/2015 Document	nt number: P15000004676	-
	d street address of the current registered agent and register current of State: (If resigned, enter resigned)	ered office on file with the	
	COGENCY GLOBAL INC.		
	115 North Calhoun St., Suite 4	<b>16 19 19</b>	
	Tallahassee, FL 32301	ANIA:	77
6. The name and (if changed):	nd street address of the new registered agent (if changed)	and /or registered office Fig. 12: 53	FIFO
	Bernd Seidel		
	10522 Stonebridge Blvd.		
	P.O. Box NOT acceptable Boca Raton, FL 33498		
The street address changed will	ress of its registered office and the street address of the	business office of its registered agent,	
Such change wa authorized by the	vas authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing	of directors or by an officer so ng of the change.	
18/ Ber		l, President	
I hereby accept I further agree of my duties, an	of the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to and I am familiar with and accept the obligation of my p wing filed merely to reflect a change in the registered of as been notified in writing of this change.	in this capacity.  o the proper and complete performance  position as registered agent. Or, if this  ffice address, I hereby confirm that the	e 5 !
15/ Be	ernd Seidel 12/19/2019 Ignature of Registered Agent		
	ehalf of an entity:	Date	
<u></u>	Typed or Printed Name		
	* * * FILING FEE: \$35.00 * *	t #	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)