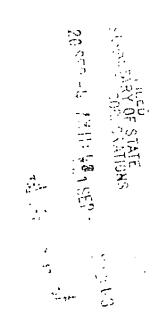
## P15000090908

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
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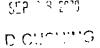
Office Use Only



300351407293



Ra Change





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date:      | 09/03/2020              |               |                      |                  |   |
|------------|-------------------------|---------------|----------------------|------------------|---|
|            | Marcel Ogbor            | na-Amu        | _                    |                  |   |
|            | #:1260                  |               | _                    |                  |   |
|            | e:                      |               | SERVE CORP.          |                  |   |
| ☐ Artic    | les of Incorporation    |               | to Transact Business |                  |   |
| _          | endment<br>nge of Agent |               |                      | ANY ISSUES, CAL  | <br>20<br>1.20                              |
| ☐ Rein     | statement               |               |                      | (518) 213 - 0826 | د به در |
| ☐ Con      | version                 |               |                      | Thank you!       |   |
| ☐ Mero     | ger                     |               |                      |                  | 1, 12 - 4 - 4                               |
| ☐ Diss     | olution/Withdrawal      |               |                      |                  | <br>  |
| ☐ Ficti    | tious Name              |               |                      |                  |   |
| ☐ Othe     | er                      |               |                      |                  |   |
|            |                         |               |                      |                  |   |
| Authorized | Amount:                 | \$35.00       | <del></del>          |                  |   |
| Signature: | d decay even            | Coghomic fini |                      |                  |   |

F: 800.944.6607

F: +852.2682.9790

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

| statement of cha   | provisions of sections 607.0502, 617.050<br>inge is submitted for a corporation organ<br>r to change its registered office or registe  | ized under the laws of the State   | e of Florida   |
|--|--|--|--|
|  | the corporation:   |  |  |
|  | office address: No Change  | <del>.</del>   |  |
| 3. The mailing a   | ddress (if different):   |  |  |
| 4. Date of incorp  | poration/qualification: November 5, 2  | 015 Document number:   | P15000090908   |
|  | I street address of the current registered a timent of State: (If resigned, enter resigne  |  | le with the  |
|  | NRAI Service   | ces, Inc.  |  |
|  | 1200 S. Pine Is  | land Road  |  |
|  | Plantation, F  | L 33324  |  |
| 6. The name and (if changed):  | l street address of the new registered ager  | nt (if changed) and /or registere  |  |
|  | COGENCY GLOBAL IN  | 1C.  |  |
|  | 115 North Calhoun St.,   |  |  |
|  | Tallahassee, FL 3230   | -  | OF STATE   |
| The street address changed will  | ess of its registered office and the street abe identical.   | address of the business office   | of its registered agent,                             |
|  | as authorized by resolution duly adopted<br>the board, or the corporation has been not   |  |  |
| /s/ Natalia Os   | stensen<br>re of an officer or director  | Natalia Ostensen   | Secretary  |
| I hereby accept<br>I further agree to<br>performance of<br>agent. Or, if the<br>hereby confirm | the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflothat the corporation has been notified in | l agree to act in this capacity,<br>ites relative to the proper and<br>ecept the obligation of my pos<br>ect a change in the regisiered<br>a writing of this change. | complete<br>ition as registered<br>office address. I |
| Sign   | nature of Registered Agent   | 9/3/2020<br>Date   |  |
| Training of  | 116 . F  |  |  |

If signing on behalf of an entity:

## Tim Mayville, Assistant Secretary

Typed or Printed Name

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