

P16000047992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entry Name)

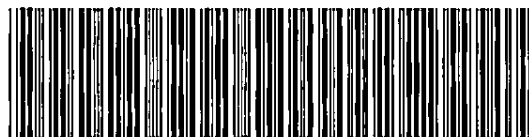
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Y. SULKER  
JAN 12 2022



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

Account#: I20000000088

Date: 01/11/2022

Name: Marcel Ogbonna-Amu

Reference #: 1571572

Entity Name: MONSIDO INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

ANY ISSUES, CALL  
MARCEL:

(518) 213 - 0826

Thank you!

Authorized Amount: \$35.00

Signature: Marcel Ogbonna-Amu

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MONSIDO INC.
2. The principal office address: No Change
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: May 31, 2016 Document number: P16000047992
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

**Registered Agents Inc.**

**7901 4TH STREET NORTH SUITE 300**

**ST.PETERSBURG, FL 33702**

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

COGENCY GLOBAL INC.

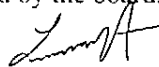
115 North Calhoun St., Suite 4

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Lyle Henderson, CFO

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

/s/ Tim Mayville

Signature of Registered Agent

January 11, 2022

Date

If signing on behalf of an entity:

**Tim Mayville, Assistant Secretary**

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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