P16000039158

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 #P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/09/2019	
	Merritt Walker	!
	1136266	
	e:VERIGENT I	MANAGEMENT, INC.
☐ Artic	les of Incorporation/Authorizatio	n to Transact Business
☐ Ame	ndment	
✓ Char	nge of Agent	
Rein	statement	
Conv	version	
☐ Merg	ger	
☐ Disso	olution/Withdrawal	
☐ Fictit	ious Name	
Othe	er	
Authorized A	Amount: \$35	
Signature: _	Lui	<u> </u>
		, [

P. +852 2682 9633

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

in order to crain	ge us regisierea office or regi	stered agent, or both, in the State o	y r wriau.
1. The name of the corpo	ration: VERI	GENT MANAGEMEN	<u>IT, INC.</u>
2. The principal office ad	ldress: No Change		
3. The mailing address (i	f different):	;	
4. Date of incorporation/o	qualification: November 3,	2016 Document number:	P160000891
	Idress of the current registered State: (If resigned, enter resign	agent and registered office on file	with the
	C T Corporat	ion System	
	1200 South Pin	 e sland Road	
	Plantation,	FL 33324	
(if changed):	ldress of the new registered ag	ent (if changed) and /or registered	2019 OCT -9
115	North Calhoun St P.O. Box NO ahassee, FL 323	Suite 4	ЛМ 10: 39 3 i
The street address of its as changed will be identi	registered office and the stree	t address of the business office o	f its registered as
Such change was author	ized by resolution duly adopte	; d by its board of directors or by a otified in writing of the change.	
/s/ Kevin Kiernan		Kevin Kiernan	President
I further agree to comply performance of my dutie agent. Or, if this docum	vintment as registered agent a wwith the provisions of all sta s, and I am familiar with and	Printed or typed name and nd agree to act in this capacity, atites relative to the proper and cacept the obligation of my posit flect a change in the registered of the proper and the registered of the change.	omplete ion as registered
/s/ Sean Honan		10/02/2019	
Signature of Re	gistered Agent	Date	

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

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