P170000002400

(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:					
Wilk. In \$35.00					

Office Use Only



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R/W/els





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

Account#: 120000000088

Date:	04/12/2019		
	Joy Weav	/er	-
Reference	#:10409	992	_
			ON INVESTMENTS INC.
☐ Artic	cles of Incorporation.	/Authorization t	to Transact Business
☐ Ame	endment		
✓ Cha	ange of Agent		
☐ Reii	nstatement		
Con	nversion		
☐ Mer	ger		
Diss	solution/Withdrawal		
☐ Fict	itious Name		
Oth	er		
Authorized	I Amount:	\$35.00	
Signature:	Joy Weaver	•	

P: +852.2682.9633

F: +852.2682.9790

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

Pursuant to the provisions of sections 607.0502, 61 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 in the name of the corporation:		•			
2. The principal office address:					
3. The mailing address (if different):		<u> </u>	<u> </u>		
4. Date of incorporation/qualification: 01/06/	2017 Document nu	mber: P	17000002	400	
5. The name and street address of the current register Florida Department of State: (If resigned, enter re		office on file wi	th the		
	PAIN, DAVID				
1827	SE 7TH STREET				
FORT LAUDERDALE	FL	33316	,•*		
6. The name and street address of the new registered (if changed):	d agent (if changed) and /	or registered off	ice	APR 1.2	-T]
COGE	NCY GLOBAL INC.			,- 	(E)
115 North Call	houn Street, Suite 4		æ.	<u>ئ</u>	45.53
P.O. Bo	x NOT acceptable		**	⇔ √2	
Tallahassee	Florida	32301			
The street address of its registered office and the s as changed will be identical. Such change was authorized by resolution duly adauthorized by the board, or the corporation has been				agent	,
/S/ David Pain	David Pai	_	President		
Signature of an officer or director I hereby accept the appointment as registered age, I further agree to comply with the provisions of all performance of my duties, and I am familiar with agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notif	nt and agree to act in this l statutes relative to the p and accept the obligation o reflect a change in the t	roper and comp of my position registered office	nlete	red I	
/S/ Tim Mayville	April	April 12, 2019			
Signature of Registered Agent		Date			
If signing on behalf of an entity:					
Tim Mayville, Assistant Secretary Typed or Printed Name					
* * * FILING	G 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)