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FEB 27 2018 T. LEMIEUX MO





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: 2/26/18	Account#: I20000000088
Name: KEN HOWELL	
Reference #: C021508	
Entity Name: ENDURANCE FLOR	RIDA, INC.
☐ Articles of Incorporation/Authorization to	Transact Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	ISSUES - CALL KEN @ 518-213-0738
Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	

Authorized Amount:

Signature:

\$35.00

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

statement of cha	provisions of sections 607.0302, 617.0 inge is submitted for a corporation org r to change its registered office or reg	ganized under the laws of the Stat	e of Florida	
1. The name of t	the corporation:	ENDURANCE FLORIDA, IN	IC.	
	office address:			_
2	555 TELEGRAPH ROAD	BLOOMFIELD HILLS	MI 4830	2
3. The mailing a	ddress (if different):			
2	555 TELEGRAPH ROAD	BLOOMFIELD HILLS	MI 4830	2
4. Date of incom	poration/qualification: 05/22/20	Document number:	P17000045445	
	street address of the current registere tment of State: (If resigned, enter resigned)	gned)	ile with the	
	CT CORPO	PRATION SYSTEM	<del></del>	
	1200 SOUTH	PINE ISLAND ROAD		
	PLANTATION	FL 333	24	
(if changed):	115 North Calhou	Y GLOBAL INC.	SECRE	
	P.O. Box N Tallahassee	IOT acceptable . Florida 32		٠,
_	ss of its registered office and the stre be identical. s authorized by resolution duly adopt e board, or the corporation has been	et address of the business office		1 - 4.
Bi	e of an officer or director	Brion Poplaski Printed by typed name a	CFO	
I hereby accept I further agree t performance of l agent. Or, if thi hereby confirm t	the appointment as registered agent of comply with the provisions of all storm duties, and I am familiar with and stackment is being filed merely to rethat the corporation has been notified	and agree to act in this capacity, atutes relative to the proper and I accept the obligation of my pos effect a change in the registered I in writing of this change.	complete ition as registered office address, I	
/S/ Tim	Mayville	2/23/2	018	
•	nalf of an entity:	/ Daye		
	Assistant Secretary ped or Printed Name			

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