P1900072419

(Re	equestor's Name)
(Ac	ddress)
(Ac	idress)
(Cı	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B:	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
<u></u>	
	Office Use Only



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

Account#: 120000000088

Date: January 20, 2021 Name: David Shulman		Accounts. 12000000000		
Reference #:	1316631			
Entity Name:	TAMERTO	N INVESTMENTS INC.		
Articles of Incorp	oration/Authorizat	n to Transact Business		
Amendment				
Change of Agen	t	issues? (PATT.	
Reinstatement		ISSUES? CALL David:		
Conversion		850 - 270-0	1082	
Merger				
☐ Dissolution/With	drawal			
Fictitious Name				
Other	<u></u>			
Authorized Amount Signature:	\$35.00			



January 20, 2021

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

Account#: I20000000088

Date:	 _	
Name: David Sh	ulman	
IVerenence #	1316631	
Entity Name:	TAMERTON INV	ESTMENTS INC.
	ation/Authorization to Ti	
Amendment		
✓ Change of Agent		ISSUES? CALL
Reinstatement		David:
Conversion		850-270-0082
☐ Merger		
☐ Dissolution/Withdra	awal	
☐ Fictitious Name		
Other		
Authorized Amount:	\$35.00	
Signature:	Ah.	

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

statement of cha	nge is submitted for a corporation	817.0502, 607.1508, or 617.1508, Flo n organized under the laws of the Sta r registered agent, or both, in the Sta	ute of Florida	
1. The name of t	he corporation: TAMERTON INV	VESTMENTS INC.		
		IAIN RD., CHRIST CHURCH, BARB	BADOS, BB15 BB	
4. Date of incorp	poration/qualification: 9/13/2019	Document number: PI	9000072419	
	I street address of the current registiment of State: (If resigned, enter	stered agent and registered office on resigned)	file with the	
	LUCAS, SEAN			
	777 BRICKELL AVE., #500			an
	MIAMI, FL 33131			Ø
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registe		TILE
	COGENCY GLOBAL INC.		20	Ш
	115 N. Calhoun St., STE. 4			D
		P.O. Box NOT acceptable		
	Tallahassee, Florida, 32301		<u> </u>	
The street address changed will	ess of its registered office and the be identical.	e street address of the business offic	e of its registered a	igent,
		adopted by its board of directors or been notified in writing of the chang		
	150 150	MATTHEW MACKAY - D	DIRECTOR	
Signatu	of an officer of frector	Printed or typed nar	ne and title	
I furthér agrée of my duties, ar document is bei	to cominly with the provisions of	gent and agree to act in this capaci all statutes relative to the proper a the obligation of my position as reg ge in the registered office address, change.	nd complete pertor:	mance if this at the
(c) Eric Hood As	eietant Secretary	1/19/2021		
/s/ Eric Hood, As Sig	nature of Registered Agent	Date		
If signing on bo	chalf of an entity:			
COGENCY GL	OBAL INC.			
- T	yped 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 (04/13)