P24000056631

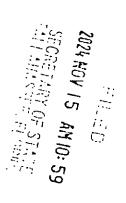
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	DE T	inis	
	T. DET	; <u>;</u> }	

Office Use Only



400428909434







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

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:1	1/15/2024	
Name:	Cheyanne Davis	_
Reference #:	2538779	_
Entity Name:_	TERANGA GRAND	VISION HOLDINGS, INC
Articles	of Incorporation/Authorization	to Transact Business
✓ Amendr	ment	
☐ Change	of Agent	
Reinsta	tement	
Convers	sion	
☐ Merger		
☐ Dissolut	ion/Withdrawal	
Fictitious	s Name	
Other_		
Authorized Am	ount: \$35.00	
Signature:	(Chuma Paine	

F: +852.2682.9790

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

statement of change is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State ofFlorida
TEDA	e or registered agent, or both, in the State of Florida. ANGA GRAND VISION HOLDINGS, INC
7. The hame of the emporation.	
2. The principal office address: No Change	
3. The mailing address (if different):	
4. Date of incorporation/qualification: Septer	mber 3, 2024 Document number: P24000056631
The name and street address of the current re Florida Department of State: (If resigned, en	egistered agent and registered office on file with the ater resigned)
WERN	ILI, JEFFREY D
208	85 CR 753 S SECRET TO THE SECR
WEBS	TER, FL 33597
6. The name and street address of the new regis (if changed):	stered agent (if changed) and /or registered office ST
COGENCY GLO	BAL INC.
115 North Calhou	un St., Suite 4
Tallahassee, FL	2.0. Box NOT acceptable 32301
The street address of its registered office and as changed will be identical.	the street address of the business office of its registered agent.
Such change was authorized by resolution dul authorized by the board-or the corporation ha	ly adopted by its board of directors or by an officer so as-been notified in writing of the change.
Jucenia agrandiay	PRINCE MOUSTAPHA NDIAYE, Presiden
performance of my duties, and I am familiar v	Printed or typed name and title I agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I inotified in writing of this change.
/s/ Timothy Mayville	NOV 12th 2024
Signature of Registered Agent If signing on behalf of an entity:	
thy Mayville, Assistant Secreta	гу
Typed or Printed Name	ODNES

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

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