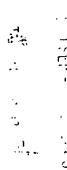
## P25428

(Req	uestor's Name)			
(Add	ress)			
(Address)				
(City/	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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D GUCHHIG



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

Account#: I20000000088

Date: 09/03.	/2020	
Name: Marce		
Reference #:	1260152	
Entity Name:	OLEN RESIDENTIAL	. REALTY CORP.
<ul><li>Articles of Inc</li><li>Amendment</li></ul>	corporation/Authorization to Tra	nsact Business
✓ Change of Ag	gent	ANY ISSUES, CALL MARCEL:
Reinstatemer	nt	(518) 213 - 0826
☐ Conversion		Thank you!
		N ***
☐ Dissolution/W	'ithdrawal	
☐ Fictitious Nan	ne	ر ب در
Other		73. A 24. A
		න දි ස
Authorized Amount:	\$35.00	<i>:</i>
Signature:	Howard og homer Ann	

F: 800.944.6607

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

statement of change is submitted for a c	507.0502, 617.0502, 607.1508, or 617.1508, Flo corporation organized under the laws of the State	te of Florida
	ed office or registered agent, or both, in the Stat  OLEN RESIDENTIAL REA	
The name of the corporation:     The principal office address: No C	•	
3. The mailing address (if different):		
4. Date of incorporation/qualification:	July 26, 1989 Document number:	P25428
5. The name and street address of the conformal Department of State: (If resignation of State)	urrent registered agent and registered office on f gned, enter resigned)	ile with the
	NRAI Services, Inc.	
120	0 S. Pine Island Road	
PI	antation, FL 33324	
6. The name and street address of the n (if changed):	ew registered agent (if changed) and /or register	ed office 20 SE
COGENCY	GLOBAL INC.	
115 North Ca	alhoun St., Suite 4	
Tallahassee	P.O. Box NOT acceptable FL 32301	
The street address of its registered offi as changed will be identical.	ice and the street address of the business office	of its registered agent,
	tion duly adopted by its board of directors or bation has been notified in writing of the change	
/s/ Natalia Ostensen	Natalia Ostensen	Secretary
I further agree to comply with the pro- performance of my duties, and I am fa agent. Or, if this document is being fi	Printed or typed name gistered agent and agree to act in this capacity visions of all statutes relative to the proper and miliar with and accept the obligation of my po- led merely to reflect a change in the registered as been notified in writing of this change.	,
Signature of Registered Agent	9/3/2020	
Signature of Registered Agent If signing on behalf of an entity:	Date	

## Tim Mayville, Assistant Secretary

Typed or Printed Name

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