## P33810

(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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A. RAMSEY
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A. RAMSEY

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115 N CALHOUN ST., STE. 4
 TALLAHASSEE, FL 32301
 P: 866.625.0838
 F: 866.625.0839
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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	05/02/2024	
Name:	Patrice Rush	<u> </u>
Reference #:	2345203	
		CORPORATION
	es of Incorporation/Authorizatio	n to Transact Business
	dment	
[✓] Chang	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictition	ous Name	
Other	<del></del>	
Authorized A	mount: \$35	

F: +852.2682.9790

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

statement of cha	nge is submitted for a corporc	12, 617.0502, 607.1508, or 617.1508, a ation organized under the laws of the s te or registered agent, or both, in the S	State of Georgia
	the corporation:	NICOLON CORRO	·
	office address: No Change		
3. The mailing a	address (if different):	····	
4. Date of incorp	poration/qualification: Apr	il 29, 1991 Document number:	P33810
	I street address of the current returnent of State: (If resigned, earth	registered agent and registered office onter resigned)	
	Corporation	on Service Company	
1201 Hays Street			
	Tallahass	ee, FL 32301-2525	2 P
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or regis	Stered office stered office
	115 North Calho		<del></del>
	Tallahassee, FL	P.O. Box NOT acceptable 32301	
The street address changed will	ess of its registered office and be identical.	I the street address of the business of	fice of its registered agent,
Such change wa authorized by the	as authorized by resolution du ne board, or the corporation h	lly adopted by its board of directors of as been notified in writing of the cha	or by an officer so inge.
/s/ Brad Brad Brad Signatur	ady ure of an officer or director	Brad Brady	Authorized Person
I hereby accept I further agree performance of agent. Or, if th	the appointment as registere to comply with the provisions my duties, and I am familiar is document is being filed me	d agent and agree to act in this capa of all statutes relative to the proper with and accept the obligation of my rely to reflect a change in the registe n notified in writing of this change.	and complete position as registered
/s/ Timothy I		5/1/2024	
	nature of Registered Agent	Date	

Timothy Mayville , Assistant Secretary

Typed or Printed Name

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