P34498

(Day and Mary)				
(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:				

Office Use Only



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2022 JUN 27 PH 3: 34 VECKTORES (NE SEATE

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A. BUTLER JUN 28 2022



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

Account#: I20000000088

Date:	06/27/2022	
Name:	Chris Vick	_
	#:1711709	_
Entity Nam	ne: BEAR COMM	IUNICATIONS, INC.
Artic	cles of Incorporation/Authorization	to Transact Business
☐ Ame	endment	
☑ Cha	inge of Agent	
☐ Rei	nstatement	
Con	nversion	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Fict	itious Name	
Oth	er	
Authorized	Amount / \$35.00	

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

statement of cha	nge is submitted for a corporate	, 617.0502, 607.1508, or 617.1508, Flo ion organized under the laws of the Sta or registered agent, or both, in the Sta	tte of California
	•	BEAR COMMUNICATION	-
2. The principal	office address: No Change		
3. The mailing a	ddress (if different):		
4. Date of incorp	P34498		
	I street address of the current repairment of State: (If resigned, ento	gistered agent and registered office on er resigned)	file with the
	Corporation	n Service Company	
	1201	Hays Street	20 2
	Tallahasse	e, FL 32301-2525	2 JUL ALLE
6. The name and (if changed):	I street address of the new regist	tered agent (if changed) and /or register	PM 3:
	115 North Calhou	ın St., Suite 4	2 2 :
), Box/NOT acceptable	· -
The street address changed will	ess of its registered office and the identical.	he street address of the business office	e of its registered agent.
•		adopted by its board of directors or to been notified in writing of the change	oy an officer so e.
/s/ Les Fry		Les Fry	CEO
I hereby accept I further agree to performance of	o comply with the provisions of my duties, and I am familiar w	Printed or typed name agent and agree to act in this capacity of all statutes relative to the proper and the and accept the obligation of my poly to reflect a change in the registered for this change.	v. d complete ssition as revistered
/s/ Timothy I		6/21/2022	
	half of an entity:	Date	

Timothy Mayville, Assistant Secretary

Typed or Printed Name

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