(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phon	e #)	
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(Bu	siness Entity Nar	me)	
(Document Number)			
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115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/30/2019	
Name:	Merritt Walker	
Reference #	1166979	
Entity Name	FIREHOUS	SE SUBS, INC.
	es of Incorporation/Authorization	
☐ Ame	ndment	
✓ Char	nge of Agent	
Reins	statement	
☐ Conv	version	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
☐ Othe	r	
Authorized /	Amount: <b>\$35</b>	
Signature: _	.lu)	

F: 800.944.6607



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Account#: I20000000088

Date:	12/30/2019	
Name:	Merritt Walker	
Reference	= #: <b>1166979</b>	
Entity Nar	me:FIREHOUS	E SUBS, INC.
☐ Arti	icles of Incorporation/Authorization to	Transact Business
☐ Am	nendment	
<b>✓</b> Cha	ange of Agent	
☐ Rei	instatement	
Co	nversion	
□ Ме	erger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorized	d Amount: <b>\$35</b>	
Signature		

F: 800.944.6607

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

statement of cha	, inge is submitted for a ce	07.0502, 617.0502, 607.1508, or 617.1508. Flo orporation organized under the laws of the Stat d office or registered agent, or both, in the Stat	te of Flor		<del></del>
		FIREHOUSE SUBS,			
	office address: No Ch				
3. The mailing :	address (if different):				
4. Date of incor	poration/qualification: _	June 20, 1994 Document number:	P940000	)47 <u>1</u>	90
	d street address of the cur rtment of State: (If resign	rrent registered agent and registered office on f ned, enter resigned)	ile with the		
	C	HRIS SORENSEN			
	12735 GRAN	I BAY PARKWAY, SUITE 150	) <sub>\$\bar{\bar{\bar{\bar{\bar{\bar{\bar{</sub>		
	JACK	SONVILLE, FL 32258		19 DEC	
6. The name and (if changed):	d street address of the ne	w registered agent (if changed) and lor register	ed office of	30	F
	COGENCY C	SLOBAL INC.	 	AH 10: 36	Ö
	115 North Ca	PO. Box NOT acceptable FL 32301	<b>-49</b>	36	
The street address changed will	<u> </u>	ce and the street address of the business office	of its registe	red ag	ent.
		ion duly adopted by its board of directors or b tion has been notified in writing of the change			
/s/ Vincent B		Vincent Burchianti Printed or typed name	CFO		
I furthér agrée performance of	to comply with the provi	istered agent and agree to act in this capacity isions of all statutes relative to the proper and iliar with and accept the obligation of my post merely to reflect a change in the registered s been notified in writing of this change.	l complete sition as regis	stered is, I	
Sig	mature of Registered Agent	12/30/2019 Date	9		_
10.1	1 10 0 0				

If signing on behalf of an entity:

## Tim Mayville, Assistant Secretary

Typed or Printed Name

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