## PASCOCOSS968

(Requestor's Name)
(Address)
(Address)
. ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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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	<u> </u>				
	Merritt Wal	ker				
Reference	e #:11669	79	_			
	ntity Name:FIREHOUSE-FIVE, INC.					
	ticles of Incorporation/					
☐ An	nendment					
✓ Ch	✓ Change of Agent					
☐ Re	instatement					
☐ Co	nversion					
□ М€	erger					
☐ Dis	ssolution/Withdrawal					
☐ Fic	ctitious Name					
☐ Ot	her					
Authorize	d Amount:	\$35				
Signature	e:	uu)				

F: 800.944,6607



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	_				
Refere	nce #: <b>1166979</b>	_				
Entity N	Name:FIREHOL	ISE-FIVE, INC.				
	Articles of Incorporation/Authorization	to Transact Business				
	Amendment					
$\checkmark$						
	Reinstatement					
	Conversion					
	Merger					
	Dissolution/Withdrawal					
	Fictitious Name					
	Other					
Authori	zed Amount: <b>\$35</b>					
Signati	ure: <u> </u>					

F: 800,944.6607

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 corpore	92, 617.0502, 607.1508, or 617.1508, Flo ation organized under the laws of the Sta re or registered agent, or both, in the Sta	tte of Florida			
1. The name of t	. The name of the corporation: FIREHOUSE-FIVE, INC.					
	office address: No Change					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:Jul	y 19, 1995 Document number:	P95000055968			
	I street address of the current in the three thr	registered agent and registered office on nter resigned)	file with the			
	CHRIS	S R SORENSEN				
	12735 GRAN BA	AY PARKWAY, SUITE 150	0			
	JACKSO	NVILLE, FL 32258	19 [ SEU ALL:			
6. The name and (if changed):	I street address of the new reg	istered agent (if changed) and /or register	red offices			
	COGENCY GLC	BAL INC.	##10: 1 			
	115 North Calho	oun St., Suite 4	0: 1 0: 1 0: 10 0: 10 0: 10			
	Tallahassee, FL	•				
The street addre	ess of its registered office and be identical.	I the street address of the business office	e of its registered agent.			
Such change wa authorized by th	is authorized by resolution due board, or the corporation h	lly adopted by its board of directors or last been notified in writing of the chang-	oy an officer so e.			
/s/ Vincent Burchianti		Vincent Burchianti	CFO			
L hereby accept I further agree t performance of	the appointment as registere to comply with the provisions my duties, and I am familiar	d agent and agree to act in this capacity of all statutes relative to the proper an with and accept the obligation of my parely to reflect a change in the registered in notified in writing of this change.	y. d complete ssition as registered			
11		12/30/201	9			
Sign	nature of Registered Agent	Date				

If signing on behalf of an entity:

## Tim Mayville, Assistant Secretary

Typed or Printed Name

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