

P95000097466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

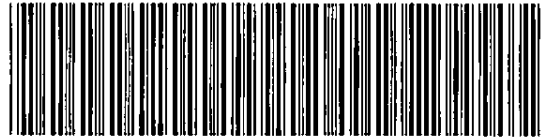
(Business Entity Name)

(Document Number)

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TALL AHASSEE, FL

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cogent Systems, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P95000097466

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RANDY DAYLE

Name of Contact Person

COGENT SYSTEMS, INC.

Firm/Company

201 W LAUREL ST APT 910

Address

TAMPA, FL 33602

City/State and Zip Code

R.DAYLE@EARTHLINK.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDY DAYLE

Name of Contact Person

at (202) 406-0863

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**Street Address:**

Amendment Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COGENT SYSTEMS, INC.
2. The principal office address: 201 W LAUREL ST APT 910, TAMPA, FL 33602
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/20/1995 Document number: P95000097466
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

UNITED STATES CORPORATION AGENTS, INC

201 W LAUREL ST APT 910

TAMPA, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

RANDY DAYLE

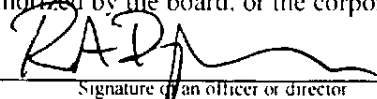
201 W LAUREL ST APT 910

P.O. Box NOT acceptable

TAMPA, FL 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

RANDY DAYLE, CEO

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

8/3/2025

Date

If signing on behalf of an entity:

RANDY DAYLE

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

FILED  
AUG 11 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FL