## 

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	WAIT MAIL				
<u>—</u>					
	(Business Entity Name)				
	(Document Number)				
rined Copies Certificates of Status					
ত লগায় Instructions to	Filmo Officer				
2 × 131 111311 00110113 10	, mily 01110011.				

Office Use Only









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

Account#: I2000000088

Date: C	)2/17/2023		
	Merritt Walker		
Reference #:_	1906036		
		SERVICES GROUP, IN	C
☐ Articles ☐ Amend ☐ Change ☐ Reinsta	e of Agent	n to Transact Business	COLDITED IT THIS THE
☐ Conver☐ Merger☐ Dissolu	sion tion/Withdrawal		· · · · · · · · · · · · · · · · · · ·
☐ Fictitiou	ıs Name		
Authorized Am	nount: <b>\$35</b>		
Signature:	MIAH		

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

Pursuant to the provisions of sections 6 statement of change is submitted for a c in order to change its registere	orporation organized	d under the lav	ws of the State	of Florida		
The name of the corporation:	GOVERN	OVERNMENT SERVICES GROUP, INC.				
2. The principal office address:						
3. The mailing address (if different):			_			
4. Date of incorporation/qualification: _	12/31/1996	Document	number:	P96000104587		
5. The name and street address of the cu Florida Department of State: (If resig		it and registere	ed office on fil	le with the		
	LINDSAY, KAT	HY E		<u></u>		
150	1500 MAHAN DRIVE STE 250					
TALLAHASSEE	FL		32308	3 FEB		
6. The name and street address of the ne (if changed):	ew registered agent (i	f changed) and	d /or registere	2023 FEB 17 PH 12: 19		
C	OGENCY GLOB	AL INC.				
115 [	North Calhoun St		4	· 景 <b>ゆ</b> —		
Tallaha		Florida	32301			
The street address of its registered offices changed will be identical.	ce and the street add	ress of the bu	siness office	of its registered agent.		
Such change was authorized by resolut authorized by the board, or the corpora						
Signature of an officer of director	<u></u>		ms, Authoria	zed Representative		
I hereby accept the appointment as ree I further agree to comply with the prov performance of my duties, and I am far agent. Or, if this document is being fil hereby confirm that the corporation ha	isions of all statutes niliar with and acce	relative to the pt the obligati	e proper and ion of my posi	complete ition as registered office address, I		
/s/ Michael Carlisle			Feb. 7, 20	23		
Signature of Registered Agent  If signing on behalf of an entity:  Michael Carlisle, Assistant Sec	cretary		Date			

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