P98000015572

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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(Decument 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#: 120000000088

Date:	01/09/2019					
Name	Marisa Kugelmann					
Refere	nce #:					
Entity Name: KING EMPLOYEE SERVICES, INC.						
	Articles of Incorporation/Authorization to Transact Business					
	Amendment					
\checkmark	Change of Agent					
	Reinstatement					
	Conversion					
	Merger					
	Dissolution/Withdrawal					
	Fictitious Name					
	Other					
	zed Amount:\$35.00 ure:					

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	i corporation organiz	607,1508, or 617,1508, ed under the laws of the . ed agent, or both, in the !	State of Florida			
1. The name of t	he corporation:	KING EN	IPLOYEE SER	VICES, INC.			
2. The principal office address:							
3. The mailing a	ddress (if different):_						
4. Date of incorp	poration/qualification	:_02/17/1998	Document number: _	P98000015572			
		current registered age igned, enter resigned)	nt and registered office o	on file with the			
		MAYOTTE, T	ERRY	201			
	MAYOTTE, TERRY 2054 VISTA PARKWAY STE 300						
	WEST	PALM BEAC	H, FL 33411	5			
6. The name and (if changed):			(if changed) and /or regis	stered office			
	COGENCY	GLOBAL IN	<u>C.</u>				
115 North Calhoun St., Suite 4							
	Tallahasse	e, FL 32301	ceptable				
The street addre	ss of its registered of be identical.	ffice and the street ad	dress of the business of	fice of its registered agent.			
Such change wa authorized by th	s authorized by resol e board, or the corpo	lution duly adopted boration has been notif	y its board of directors of ied in writing of the cha	or by an officer so nge.			
/s/_Te	erry Mayotte		Terry Mayotte	CFO and Secretary			
I hereby accept I further agree to performance of a gent. Or, if thi	the appointment as r o comply with the pr my duties, and I am j s document is being	ovisions of all statute familiar with and acc filed merely to reflec	rimed of Goed in this capac is relative to the proper ept the obligation of my a change in the registe writing of this change.	city, and complete position as registered			
	m Mayville		1/9/2019				
Sign If signing on bel	nature of Registered Agent		Date				

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

Tim Mayville, Assistant Secretary
Typed or Printed Name