F0600000190

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100345181251

2020 MAT 27 AT 9: 01

RECEIVED

O SIMMONS MAY 28 2020



115-N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088 May 27, 2020 Date:_ **KEN HOWELL** Name:__ 1225607 Reference #:____ AMERICAN ADVISORS GROUP, INC. Entity Name:____ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion Merger Dissolution/Withdrawal Fictitious Name Other _____ **Authorized Amount:** \$35.00

800.221.0102

-1.212.947.7200



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: May 27	, 2020	Account#: 1200000	
	OWELL		
Reference #:	1225607		
Entity Name:	AMERICAN ADVISO	ORS GROUP, INC.	
Articles of Incorp	oration/Authorization to Trar	nsact Business	
Amendment			
✓ Change of Agent		icetires cart	
Reinstatement		ISSUES? CALL KEN:	
Conversion		518-213-0738	
☐ Merger			
Dissolution/Witho	drawal		
☐ Fictitious Name			
Other	· · · · · · · · · · · · · · · · · · ·		
Authorized Amount:	\$35.00		
Signature:			

-44 (0)20.3786.1090

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

		red agent, or both, in the Stat	
1. The name of the corporation:	AMERICA	AN ADVISORS GROUP, INC	
2. The principal office address:		·	
3800	W. CHAPMAN A	VE., SUITE 300 ORANGE, CA	\ 92868
3. The mailing address (if different):			
4. Date of incorporation/qualification:	8/3/2006	Document number;	F06000005190
5. The name and street address of the ci Florida Department of State: (If resig			file with the
	COGENCY GI	OBAL INC.	
	155 OFFICE PL	AZA DRIVE	7028 HAY -
-	TALLAHASSE	E, FL 32301	W 27
6. The name and street address of the ne (if changed):	ew registered agen	t (if changed) and /or register	
	COGENCY GI	OBAL INC.	<u></u>
<u> </u>	115 N. CALHOUN	ST., SUITE 4	
		NOT acceptable	
	TALLAHASSEE	, FL 32301	
The street address of its registered off as changed will be identical.	ice and the street a	address of the business offic	e of its registered agent
as charges with oo isouthour.			
•	ition duly adopted ation has been not	by its board of directors or lifted in writing of the chang	by an officer so
•	ition duly adopted ation has been not	by its board of directors or iffied in writing of the chang Matthew Engel	
Such change was authorized by resolution authorized by the board, or the corpor Suprature of an officer or director		Matthew Engel	, CFO
•		Matthew Engel	, CFO
Such change was authorized by resolution authorized by the board, or the corpor Suprature of an officer or director		Matthew Engel Printed or typed name if agree to act in this capacit des relative to the proper an eation of my position as reg e registered office address, I	, CFO
Such change was authorized by resolution authorized by the board, or the corpor Suprature of an officer or director		Matthew Engel	, CFO
Such change was authorized by resolute authorized by the board, or the corpor of the corpor of the corpor of the corpor of the property of the appointment as reflective of my duties, and I am familiar with a document is being filed merely to reflect or portion has been notified in writing the state of Registered Agent of Registered Agent of Registered Agent authorized by the corporation has been notified in writing the state of Registered Agent of Registered Age		Matthew Engel Printed or typed name if agree to act in this capacit des relative to the proper an eation of my position as reg e registered office address, I	, CFO
Such change was authorized by resolution authorized by the board, or the corpor Suprature of an officer or director I hereby accept the appointment as rely further agree to comply with the proof my duties, and I am familiar with a document is being filed merely to reflect the corporation has been notified in writing		Matthew Engel Printed or typed name if agree to act in this capacit des relative to the proper an eation of my position as reg e registered office address, I	, CFO

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314

CR2E045 (04/13)