F13 000003124

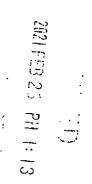
(Re	questor's Name)	
(Ad	dress)	
—————(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·	-	

Office Use Only



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CSC - WILMINGTON . 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: February 22, 2021

Order#: 640592-011

Re: COINX, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 __.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX____ Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida State of $\frac{D}{C}$ registered agent, or both, in the State of Floring registered agent, or both, in the State of Floring	E		
1. The name of t	he corporation: COINX, INC.				
2. The principal		3			
4. Date of incorp	poration/qualification: 07/22/2013	Document number: F1300000	13124		
5. The name and		tered agent and registered office on file with			
	COGENCY GLOBAL INC.				
	115 NORTH CALHOUN ST STE 4				
	TALLAHASSEE	FL 32301			
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered offic	te		
	Corporation Service Company	<u>-</u>			
	1201 Hays Street				
P.O. Box NOT acceptable					
	Tallahassee	FL 32301	2021 FE3.		
The street addre	ss of its registered office and the be identical.	street address of the business office of its	registered agent.		
Such change wa authorized by th	is authorized by resolution duly a board, or the corporation has be	dopted by its board of directors or by an o een notified in writing of the change.	fficer so		
م بینلا	Coni	Jill Cilmi, Vice President			
Signatui	e of an officer or director	Printed or typed name and title			
l further agree t of my duties, an document is bei corporation has	o comply with the provisions of a	ent and agree to act in this capacity. all statutes relative to the proper and comp he obligation of my position as registered i e in the registered office address, I hereby hange.	lete performanc agent. Or, if thi confirm that the		
By: Dra	co Cokuble	02/22/2021			
Sigi	nature of Registered Agent\	Date			
If signing on bel	half of an entity:				
	Assistant Vice President				
Ту	ped or Printed Name	NZ PPP 035 00 4 4 4			
	* * * FILIT	NG 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)