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Account#: 120000000088 August 18, 2022 Date:\_ **David Shulman** Name:\_\_\_ 1757894 Reference #:\_\_\_\_ CERTIPAY PEO SOLUTIONS VIII, INC. Entity Name:\_\_\_\_\_ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion Merger Dissolution/Withdrawal Fictitious Name Other \_\_\_\_\_ Authorized Amount: \$35.00 David Shulman

-1.212.947.7200

Signature:

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or registered.	nized under the laws of the State of Florida
The name of the corporation: CERTIPAY PEO SOLU	
2. The principal office address:  2600 W. Geronimo Place	, Suite 100, Chandler, AZ 85224
3. The mailing address (if different):	e, Suite 100, Chandler, AZ 85224
4. Date of incorporation/qualification: 7/12/1973	Document number: 430434
5. The name and street address of the current registered : Florida Department of State: (If resigned, enter resign	<del>-</del>
RUGGIERI,	MARK J
130 BATES AVE	SW SUITE 101
WINTER HAVE	N, FL 33880
6. The name and street address of the new registered age (if changed):  COGENCY GLOBAL I	NC PER T
115 North Calhoun St.	Taccentuble (T) 15
Tallahassee, FL 3230	111/C
The street address of its registered office and the street as changed will be identical.	E O
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an officer so office of the change.
/s/ Kara Childress	Kara Childress CFO
Signature of an officer of director  I hereby accept the appointment as registered agent ar I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to refinereby confirm that the corporation has been notified.	tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I
/s/ Tim Mayville	8/18/2022
Signature of Registered Agent  If signing on behalf of an entity:	Date

Tim Mayville, Assistant Secretary

Typed or Printed Name

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