35'25/2015 14:16:00 From: To: 8006176380

Division of Corporations



Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

| T-ai | 1 | ۸. | 1-i- | ~~ | |
|------|---|----|------|----|--|

REGISTERED AGENT CHANGE AXCET HR SOLUTIONS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
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MAR 2 6 2015

COVER LETTER

| TO: Amendm Division | ent Section of Corporations | |
|------------------------|---|--|
| AXC SUBJECT: | ET HR SOLUTIONS, INC. | |
| | Name of Cor | poration |
| DOCUMENT N | F07000000241 UMBER: | |
| The enclosed Sta | tement of Change of Registered Office/a | Agent and fee are submitted for filing. |
| Please return all | correspondence concerning this matter to | the following: |
| | Jose Castellanos | |
| | Name of Conta | ct Person |
| • | CT Corporation | |
| | Firm/Com | pany |
| | 2875 Michelle Drive, Suite 100 | |
| | Addres | S |
| | Irvine, CA 92606 | |
| | City/State and | Zip Code |
| | E-mail address: (to be used for fut | ure annual report notification) |
| For further inform | mation concerning this matter, please cal | ll: |
| Jose Castellanos | | 800 562-6439 at () |
| N | ame of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a \$35 | 5.00 check made payable to the Departm | ent of State. |
| | Mailing Address: Amendment Section | Street Address: Amendment Section |
| | Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |

CR2E045 (03/12)

7

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 register. | ized under the laws of the State of Kansas | | • |
|--|--|-------------|----------|
| 1. The name of the corporation: AXCET HR SOLUTIONS | , INC. | | |
| 2. The principal office address: 8325 Lenexa Drive, Suite 4 | 10 | | |
| Lenexa, KS 66214 | <u> </u> | 2.3 | <u>ت</u> |
| 3. The mailing address (if different): | | 2 | MAR |
| | Face #Exp | <u> </u> | <u>~</u> |
| 4. Date of incorporation/qualification: 01/16/2007 | Document number: F07000000241 | <u>-</u> -: | = |
| 5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned | | 7 114 | 7: [|
| CORPORATION SERVICE COMPANY | | <u> </u> | ဆ |
| 1201 HAYS STREET TALLAHASSEE, F | L 32301 | | |
| 6. The name and street address of the new registered ages (if changed): | nt (if changed) and /or registered office | | |
| C T Corporation System | <u> </u> | | |
| c/o C T Corporation System, 1200 South P | ine Island Road | | |
| P.O. Box NOI | acceptable | | |
| Plantation, Florida 33324 | | | |
| The street address of its registered office and the street as changed will be identical. | | ıt, | |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not | by its board of directors or by an officer so tified in writing of the change. | | |
| | Jose Castellanos, Vice President | | |
| I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state performance of my dulies, and I am familiar with and a agent. Or, if this document is being filed merely to reflehereby confirm that the carporation has been notified in | Printed or typed name and title d agree to act in this capacity, utes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, i n writing of this change. | | |
| By: Have Chounce | 3/23/2015 | | |
| Ricole Choulnard, Applicant Secretary If signing on behalf of an entity: | | | |
| AXCET HR SOLUTIONS, INC. | | | |
| Typed or Printed Name * * * FILING FE | E: \$35.00 * * * | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

MAK - MATIRATORE Minister Please Parlies