M0700006141

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

Office Use Only



000266922100

12/19/14--01033--002 **25.00

OLVISION OF CORPORATIONS

Ch. 9/14



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: December 17, 2014

Order#: 409833-014

Re: SIGNATURE PAYROLL SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

OUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

	ame of the limited liability company: SIGNATURE		KVICES, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12201 Bluegrass Parkway		
	Louisville, KY 40299		
	10/12/2007	M	07000006141
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
	Registered Agent and Registered Office shown on the records		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	1200 South Pine Island Road		
		EL 22224	VISIO
	Plantation ,	rl <u>33324</u>	
(b)	Corporation Service Company		19 RAY
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address	PM OF S
	1201 Hays Street		SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS VISION OF CORPORATIONS
	NEW Registered Office Address:		
			
	Tallahassee	FL_32301	
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the operation of the	of the registere liability compa s of the limited he limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Signat	ture of a centaber or authorized representative of a member	Dona Fi	riebe, Authorized Person Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and cons of all statutes relative to the proper and comple igations of my position as registered agent as provi- ly reflect a change in the registered office address, I in writing of this change.	ngree to act in t le performance ded for in Chap I hereby confii	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed om that the limited liability company has been

Signature of Register Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President