

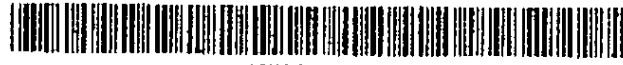
M19000001134

2/17/2020

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432001053  
Phone : (561)694-8207  
Fax Number : (561)694-1639

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

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LLC REGISTERED AGENT CHANGE  
ADAPTIVE PAYROLL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2020 FEB 17 PM 4:48

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2020 FEB 17 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FEB 18 2020

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

1. The name of the limited liability company is: Adaptive Payroll, LLC

2. (a) Principal office address of the limited liability company: 1309 Ridge Rd., Suite 200

**(Note: MUST BE STREET ADDRESS)**

Rockwall TX 75087

(b) Mailing address of limited liability company: 1309 Ridge Rd., Suite 200

**(Note: MAY BE POST OFFICE BOX)** Rockwall, TX 75087

1/31/2019

M19000001134

3. Date of filing/registration in Florida

4. Document number

5.(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: COGENCY GLOBAL INC.

Registered Office Address: 115 NORTH CALHOUN STREET STE 4  
TALLAHASSEE, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent**: Corporate Creations Network Inc.

**NEW Registered Office Address**: 801 US Highway 1

**(MUST BE FLORIDA STREET ADDRESS)** North Palm Beach FL 33408

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 2020 FEB 17 PM 2:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
(Signature of a member or authorized representative of a member)

Sean Arno, Attorney-in-Fact  
(Printed or Typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature] Paolo Peralta, Special Manager  
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

INH518(10/99)  
Corporate Creations International Inc.  
801 US Highway 1  
North Palm Beach FL 33408  
(561) 694-8107

Limited Power of Attorney

The undersigned Adaptive Payroll, LLC, a Delaware entity ("the Company"), appoints Sean Arno as attorney-in-fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Danielle Gossman, Special Manager grants to the attorney-in-fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Corporate Creations International Inc., 801 US Hwy 1 North Palm Beach, FL 33410.

The undersigned has executed this Limited Power of Attorney effective as of this 17th day of February, 2020.

Adaptive Payroll, LLC

By: \_\_\_\_\_



Name: Danielle Gossman

Title: Special Manager

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Subscribed and sworn to before me this 17<sup>th</sup> day of February, 2020.



Notary Public

