

B 99 0000000024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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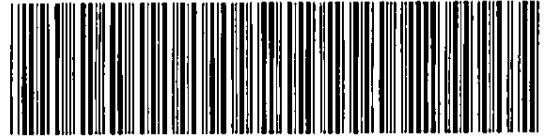
(Business Entity Name)

(Document Number)

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S. HUNT

2/20/24

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : 2/20/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

CHANGE OF AGENT

NAME: ROTH STAFFING COMPANIES, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
\_\_\_ ☒ \_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: ALEXXIS WEILAND-SORENSEN

EXAMINER'S INITIALS: \_\_\_\_\_

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Roth Staffing Companies, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/14/1999

Date of filing/registration in Florida

3. B99000000024

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

TURTON, JEFFREY

Name

1555 Palm Beach Lakes Blvd Suite 750

Address

WEST PALM BEACH, FL 33401

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

6. Such ~~changes~~ changes are effective when filed by the Florida Department of State.

Mimi S. Taylor  
Signature of General Partner

Sr. Vice President on behalf of ROTH COMPANIES, INC., General Partner

*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.*

Drace C. Kirby  
Signature of Registered Agent

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**