11/7/22, 10:45 AM

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 Fax Number

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Email Address:
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REGISTERED AGENT CHANGE GBS RETIREMENT SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

Help A. BUTLER

NOV - 8 2022

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

statement of cha	mge is submitted for a corporation	617.0502, 607.1508, or 617.1500 on organized under the laws of th or registered agent, or hoth, in th	e State of New York
1. The name of (the corporation: GBS RETIREM	ENT SERVICES, INC.	
2. The principal	office address: 2850 Golf Road, I	tolling Meadows, IL 60008-4050	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 10/04/200	Document number	F00000005547
	d street address of the current regitment of State: (If resigned, ente	istered agent and registered offic rresigned)	e on file with the
	CORPORATION SERVICE CO	MPANY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		3
6. The name and (ifchanged):	d street address of the new regist	ered agent (if changed) and /or re	gistered office
	C T Corporation System		1
	1200 South Pine Island Road		PH 4: 47
		P.O Box NOT acceptable	
	Plantation. Florida 33324		
The street address changed will	ess of its registered office and the identical.	e street address of the business	office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of director been notified in writing of the c	rs or by an officer so change.
/s/C	DONNA JENNER	DONNA JENNER, SE	CRETARY
-	re of an officer or director	•••	ed name and title
of my duties, an document is bei	id Lam Jamiliar with and accep ing filed merely to reflect a cha s been notified in writing of this	igent and agree to act in this ca fall statutes relative to the prop the obligation of my position a tige in the registered office addro change.	pacity, er and complete performance s registered agent. Or, if this ess, I hereby confirm that the
C. I Corporation	nature of Registered Agent	14/01/2022	
Sig	nature of Registered Agent		ate
If signing on be	chalf of an entity:		
JOE DAVIS, AS	SST, SECRETARY		
I.	yped or Printed Name		
	* * * FIL	ING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (04/13)

By: