

## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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## REGISTERED AGENT CHANGE ADP TOTALSOURCE DE IV, INC.

Certificate of Status	0
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Page Count	02
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FEB 0 5 2015

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Corporate Filing Menu

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Help

T. CARTER

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

statement of c	hange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statute poration organized under the laws of the State of Delawi	are
<del></del>		office or registered agent, or both, in the State of Florida N. SOURCE DE IV. DIC	ř.
1. The name of	of the corporation: ADP TOTA	ALSOURCE DE 14, INC.	
• •	al office address: ISET DRIVE MIAMI, FL 331	73	
3. The mailing	g address (if different):		
4. Date of ince	orporation/qualification: 09/1	1/2001 Document number: F01000004798	
5. The name a		at registered agent and registered office on file with the	
	NATIONAL REGISTERE	D AGENTS, INC.	
	1200 SOUTH PINE ISLAN	ID ROAD PLANTATION, FL 33324	
			15
6. The name a (if changed)		registered agent (if changed) and /or registered office	FEB-4
	C T Corporation System		7
	c/o C T Corporation System	n, 1200 South Pine Island Road	5.
		P.O. Box NOT acceptable	27
	Plantation, Florida 33324		
	P	and the street address of the business office of its regis	
Such change to authorized by	was authorized by resolution the oders, or the corporation	duly adopted by its board of directors or by an officer n has been notified in writing of the change.	: SO
	pare of an other of director	Jennifer Kurz, Vice President	
I hereby accept I further division performable of agent. Or, if the hereby confirm	of the appointment as registe to comply with the proviste of my duties, and I am famili his dacument is being filed in that the corporation has b	ered agent and agree to act in this capacity, one of all statutes relative to the proper and complete for with and accept the obligation of my position as referred to reflect a change in the registered office address notified in writing of this change.	gistered ess, I
By: ///	orporation System	1/27/2015	
- com	gratus of Registered Agent	Date	
If signing on b	chalf of an entity:	Alfred Younan	
	P	Assistant Secretary	
	Typed or Printed Name	<del></del>	
	***	FILING FEE: \$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)