## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fam Number : (850) 617-8340 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996 \*\*Fator the email address for this business entity to be used for further annual report mailings. Enter only one chail address please. \*\* Email Address:

## REGISTERED AGENT CHANGE ADVANTAGE TECHNICAL RESOURCING, INC.

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To:

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

statement of cha	provisions of sections 607,0502, 617,0 unge is submitted for a corporation org er to change its registered office or regi	anized under the laws of the State of $\overline{\mathbb{A}}$	dassachuseus
	the corporation: ADVANTAGE TECHN		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. The principal	201.0 . 11.0	· 800	
2. The principal	Cincinnati, OH 45202		<del></del>
3. The mailing a	address (if different):		
	poration/qualification: 12/31/2001		
	d street address of the current registered runent of State: (If resigned, enterresig		th the
	CORPORATION SERVICE COMPAN	Υ	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		10 👟
6. The name and (ifchanged):	d street address of the new registered ag	ent (if changed) and /or registered offi	ু <b>নি</b>
	C T Corporation System		<b>U</b> ), '
	1200 South Pine Island Road		
	P.O.E Plantation, Florida 33324	tox NOT acceptable	AHII: 22 UF STATE SEE, FL
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its	registered agent,
Such change wa authorized by the	as authorized by resolution duly adopt he board, or the corporation has been i	ed by its board of directors or by an contribed in writing of the change.	officer so
	The state of the s	KIMBERLY BOWENS, SECRETA	<b>RY</b>
-	re of in officer or director	Printed or typed name and titl	e
I further agree of my duties, an document is her corporation has	the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the of ing filed merely to reflect a change in a s been notified in writing of this chang	itutes relative to the proper and comp bligation of my position as registered the registered office address, I hereby	ovent Or it this
C T Corporation	1 System Sin P. Churcher &	01/18/2023	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
SEAN L. EMER	JCK, ASSISTANT SECRETARY		
l.	yped or Printed Name		
	* * * FILING F	EE: \$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: