

F04000005721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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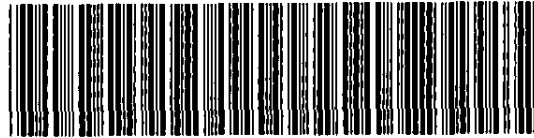
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/22/11--01002--022 **35.00

RECEIVED
11 FEB 22 PM 1:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 FEB 22 PM 3:09
SECRETARY OF STATE
DIVISION OF CORPORATIONS

R-A. Charge
C.COULLETTE

FEB 22 2011

EXAMINER

CORPORATE AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: **MICHELE HOLDEN**

DATE: **02/22/2011**

REF. #: **001884.140909**

CORP. NAME: **PAYCOR, INC.**

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF AGENT | | |

STATE FEES PREPAID WITH CHECK# **538682** **FOR \$** **35.00**

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PAYCOR, INC.
2. The principal office address: 644 LINN STREET, SUITE 200, CINCINNATI OH 45203
3. The mailing address (if different): C/O CHARLES D. SCHMALZ, 644 LINN STREET, SUITE 200, CINCINNATI OH 45203
4. Date of incorporation/qualification: 10/05/2004 Document number: F04000005721
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.

515 EAST PARK AVENUE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

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DIVISION OF CORPORATIONS
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Charles D. Schmalz
Signature of an officer or director

Charles D. Schmalz, Vice President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Michelle Holden
Signature of Registered Agent

3/1/2011
Date

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314