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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## REGISTERED AGENT CHANGE ADP TOTALSOURCE MI XXV, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid ange is submitted for a corporation organized under the laws of the State o r to change its registered office or registered agent, or both, in the State o,	Mlohi	gan	_	
1. The name of t	the corporation: ADP TOTALSOURCE MI XXV, INC.				
	office address:ET DRIVE MIAMI, FL 33173				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 12/02/2004 Document number: F04000	006830			
	i street address of the current registered agent and registered office on file treent of State: (If resigned, enter resigned)	with the	8		
	NATIONAL REGISTERED AGENTS, INC.	_			
	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	_	17.19.1 17.15	15	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	 office	TEAR SALE	FEB -4	
	C T Corporation System	<del></del>	: ئىر	М	3
	c/o C T Corporation System, 1200 South Pine Island Road		35	: ::	4
	P.O. Box NOT ecceptable Plantation, Florida 33324	_	DM 14	8	
	ess of its registered office and the street address of the business office of be identical.			zent,	
authorized by t	as authorized by resolution duly adopted by its board of directors or by a se blood, or the corporation has been notified in writing of the change.  Jennifer Kurz, Vice President	.,	, 55		
7 1	heat an attuer or director Printed or typed name and				
I hereby adopt I further defee performable of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity, to combly with the provisions of all statutes relative to the proper and combly with the proper and combles, and I am familiar with and accept the obligation of my postitis document is being filed merely to reflect a change in the registered of that the corporation has been notified in writing of this change.	mplete on as re fice ada	egistered tress, I	i	
By: CT Cor	poration System  1/27/2015  Pate Date			_	
If signing on be	Alfred Younan Assistant Secretary				
T	yped 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

PLEOS - 05/20/2013 Walters Klauser Online

CR2E045 (03/12)