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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

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REGISTERED AGENT CHANGE ADP TOTALSOURCE MI V, INC.

Certificate of Status	0
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Corporate Filing Menu

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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, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Michigan r to change its registered office or registered agent, or both, in the State of Florida
I. The name of t	the corporation: ADP TOTAL SOURCE MI V, INC.
2. The principal	office address:ET DRIVE MIAMI, FL 33173
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 12/02/2004 Document number: F04000006831
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	NATIONAL REGISTERED AGENTS, INC.
	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office C T Corporation System
	c/o C T Corporation System, 1200 South Pine Island Road
	P.O. Box NOT ecceptable Plantation, Florida 33324
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so se by a position has been notified in writing of the change.
	Jennifer Kurz, Vice President Printed or typed name and title
71	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duites, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
By: CT Con	oration System 1/27/2015
If signing on bel	Alfred Younan Assistant Secretary
Ţ	ped or Primed 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
CR2E045 (63/12)