Division of Corporations Electronic Filing Cover Sheet

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From:

To:

Division of Corporations Fax Number : (850) 617-6390

Addount Name : C T CORPORATION SYSTEM

Account Bummer : FUA000000023 : (954)209-0045 Fax Mumber : (614) 573-3996

Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE HIRE THINKING, INC.

Certificate of Status	()
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Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu — Corporate Filing Menu

Help

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

	the corporation: HIRE THINKING.	registered agent, or both, in the State of Flor INC.	ત્ર ા લા
The principal	office address: 201 East 4th Street, S	suite \$00	
z. me prinogai	Cincinnati, OH 4520.		
3. The mailing a	address (if different):		
		Document number: F060000043.	
	d street address of the current registertment of State: (If resigned, enterre	ered agent and registered office on file with t signed)	the
	CORPORATION SERVICE COMP	ANY	
1201 HAYS STREET			
	TALLAHASSEE, FL 32301		0. 25
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			2023 JAN 20 AM 11: SEC. ART OF ST TALLAHASSEE.F
CT Corporation System 1200 South Pine Island Road The Corporation System			
	Plantation, Florida 33324		rn 🐸
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its re	gistered agent.
Such change wa authorized by the	is authorized by resolution duly ad ne board, or the corporation has bee	opted by its board of directors or by an off en notified in writing of the change.	icer so
	A STATE OF THE STA	KIMBERLY BOWENS, SECRETAR	Y.
-	re of an officer or director	Printed or typed name and little	
I further agree to of my duties, an document is beil corporation has	to comply with the provisions of all al I am familiar with and accept the ny filed merely to reflect a change s been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and comple e obligation of my position as registered ag in the registered office address. I hereby e ange.	rem Or. II llus
C I Corporation	System San Charles	01/18/2023	
Sigi	nuture of Registered Agent	Date	
If signing on be	half of an entity:		
SEAN L. EMER	ICK, ASSISTANT SECRETARY		
Ty	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, TALLAHASSEF, FL 32314 CR2E045 (04/13)

By: