Division of Corporations Electronic Filing Cover Sheet

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(((H210000706463)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:

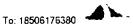
REGISTERED AGENT CHANGE CBT PAYROLL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this corganized under the laws of the State of OII registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: CBT Payroll Servi	ces, Inc.	
2. The principal			
3. The mailing a	address (if different):		
4. Date of incom	poration/qualification: 12/19/2006	Document number: F06000007775	
	d street address of the current registment of State: (If resigned, enter	tered agent and registered office on file with the resigned)	
	CORPORATION SERVICE COM	PANY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		
6. The name and (ifchanged):	d street address of the new register C.T. Corporation System	ed agent (if changed) and /or registered office	
	1200 South Pine Island Road		
	Plantation, Florida 33324	P.O. Box NOT acceptable	
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	idopted by its board of directors or by an officer so cen notified in writing of the change.	
/s/ Jon Small		Jon Small, President Printed or typed name and little	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered as to comply with the provisions of ad I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this c	tent and agree to act in this capacity. All statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this we in the registered office address, I hereby confirm that the	
C T Corporation System /s/ Agnes Jensen		2/19/2021	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Agnes Jensen, A		_	
T	yped or Printed Name		
	* * *	NG FEE: \$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: