

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

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

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## REGISTERED AGENT CHANGE ADP TOTALSOURCE CO XXI, INC.

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

statement of chi	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes ange is submitted for a corporation organized under the laws of the State of Colored er to change its registered office or registered agent, or both, in the State of Florida.	lo	
	the corporation: ADP TotalSource CO XXI, Inc.		
2. The principal	l office address:		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 02/19/2008 Document number: F08000000780		
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	NATIONAL REGISTERED AGENTS, INC.		
	1200 SOUTH PINE ISLAND ROAD FLANTATION, FL 33324		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	15 FEB	SECRE1
	C T Corporation System	+	ASS
	c/o C T Corporation System, 1200 South Pine Island Road	P	10.7°
	P.O. Box NOT acceptable Plantation, Florida 33324	?: 3	F STAT
-	ess of its registered office and the street address of the business office of its registe be identical.		D <sub>E</sub> i
authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer see books, or the corporation has been notified in writing of the change.	50	
Supro	Jennifer Kurz, Vice President Property of types name and title		
I hereby accept I further object performation of agent. Or, if thi hereby confirm	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 dulies, and I am familiar with and accept the obligation of my position as registed as the content is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change.	istered es, I	
By: CT Con	poration System 1/27/2015		
If signing on be	half of an entity:  Alfred Younan Assistant Secretary		
T)	yped or Printed Name		
	* * * FILING FEE: \$35.00 * * *		

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

PLEAS - 05/20/2013 Welton Klewer Oallon

CR2E045 (03/12)