78000001503

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DEC 10 YOU IALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 288084 8361116

AUTHORIZATION

ORDER DATE: December 8, 2021

ORDER TIME : 2:52 PM

ORDER NO. : 288084-021

CUSTOMER NO: 8361116

CHANGE OF AGENT

NAME: TRINET HR I, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporatio	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Oklahoma registered agent, or both, in the State of Florida.	
1. The name of	the corporation: TRINET HR I, IN	IC.	
2. The principal	office address: One Park Place,	Suite 600, Dublin, CA 94568	- -
3. The mailing a	address (if different):		_
4. Date of incorp	poration/qualification: 04/03/200	Document number: F08000001503	
5. The name and		stered agent and registered office on file with the	
	Corporate Creations Network I	nc. 2	
	801 US Highway 1	FL 33408	1
	North Palm Beach	FL 33408	ر د
6. The name and (if changed):	· ·		WI 10: 22
	Corporation Service Company		•
	1201 Hays Street	DO Day NOT assessed	
	Tallahassee	P.O. Box NOT acceptable FL 32301	
The street addre	ess of its registered office and the be identical.	e street address of the business office of its registered agen	t,
Such change was authorized by th	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
لف) ﴿	e E. alpri	Jill Cilmi, Vice President	
/]	re of an officer or director	Printed or typed name and title	
I further agree to of my duties, an document is bei corporation has	to comply with the provisions of	gent and agree to act in this capacity. all statutes relative to the proper and complete performan the obligation of my position as registered agent. Or, if th ge in the registered office address, I hereby confirm that th change.	ce is e
<u>ву: Се</u>	um Keil	12/09/2021	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Ami M. Casper,	, Asst. Vice President	_	
	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
CR2E045 (04/13)