F080000 D 1730

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	s)
(D)	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
		_

Office Use Only



800338140808

01/02/29--01019--012 **35.00

2020 J/:: -2 PH 6: 48

C. GOLDEN JAN 3 0 2029



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: December 27, 2019

Order#: 111744-071

Re: ARBOR PEO, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statute, in organized under the laws of the State of $\frac{DE}{}$ registered agent, or both, in the State of Florida		
1. The name of t	he corporation: ARBOR PEO, IN	C.		
2. The principal	office address: 805 N. Whittingto	on Parkway Suite 400 Louisville, KY 40222		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 04/15/200	8Document number:F08000001730	0	
5. The name and		stered agent and registered office on file with the		
	CT CORPORATION SYSTEM			
	1200 S. PINE ISLAND RD.		292	
	PLANTATION, FL 33324		939 Jan - 2	
6. The name and (if changed):	I street address of the new register Corporation Service Company	red agent (if changed) and /or registered office	-2 PH 6:	
			37 13	
	1201 Hays Street	Box NOT acceptable		
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the be identical.	e street address of the business office of its regis	tered agent,	
		adopted by its board of directors or by an officer been notified in writing of the change.		
Xie	2 aonie	Jill Cilmi, Vice President		
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of investigations of the duties, and I am familiar with	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as rey to reflect a change in the registered office addi- otified in writing of this change. 12/27/2019	gistered ress, I	
	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	Asst. Vice President	_		
1;	yped or Printed Name			