F08000000376

	Requestor's Name)			
	Address)			
	(Address)			
`	Addition			
(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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2022 FEB -1 PM 8: 10 2022 FEB -1 PM 3: 5

O SIMMONS

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 451830 5163231					
AUTHORIZATION: Spelle Rando					
COST LIMIT : \$ 35.00					
ORDER DATE : February 1, 2022					
ORDER TIME : 2:17 PM					
ORDER NO. : 451830-005					
CUSTOMER NO: 5163231					
CHANGE OF AGENT					
NAME: LUCAS ASSOCIATES TEMPS, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					
EXAMINER'S INITIALS:					

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or regist	nized under the laws of the State of	GA	
L. The name of t	he corporation: LUCAS ASSOCIATES 1	EMPS, INC.		
2. The principal	office address: 950 E Paces Ferry Rd N	NE SUITE 2300, ATLANTA, GA 30	326	
	ddress (if different):			
4. Date of incorp	poration/qualification: 05/27/2008	Document number: F080000	002376	
	I street address of the current registered a tment of State: (If resigned, enter resigned			
	COGENCY GLOBAL INC.		DITE BITAL	
115 NORTH CALHOUN STREET SUITE 4				
	TALLAHASSEE, FL 32301		200 2	
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered of	2022 FEB - 1 PM 8: 10 SECRETATE SECRETATE SEE FL	
	Corporation Service Company		_	
	1201 Hays Street			
	P.O. Bo	NOT acceptable	_	
	Tallahassee	FL 32301	_	
The street addre	ss of its registered office and the street be identical.	address of the business office of it	s registered agent.	
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	I by its board of directors or by an tified in writing of the change.	officer so	
	Jugg-	Jonathan Kuai - Secretary		
Signatui	e of an officer or director	Printed or typed name and ti	ile	
t further agree to of my duties, and document is bein corporation has	the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change. n Service Company	utes relative to the proper and con igation of my position as registered e registered office address, I herel	plete performance a agent. Or, if this by confirm that the	
	lose tokuble	01/31/2022		
Sign	nature of Registered Agent	Date		
f signing on be	half of an entity:			
	Asst. Vice President			
Ty	ped or Printed Name			
	* * * FILING FE	F : X (5 (II) * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (04/13)