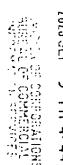
F08000002918

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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마바바 Wd 6- daS SZOI (조구시코인조)

ME OCD LO PEIN

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

ACCOUNT NO.	:	12000000195			
REFERENCE	:				
AUTHORIZATION	:				
COST LIMIT	:	\$35.00			
ORDER DATE : 09/09					
ORDER TIME :					
ORDER NO. :					
CUSTOMER NO:					
CHANGE OF AGENT					
NAME :					
PLEASE RETURN THE FOLLOWING AS	PR	OOF OF FILING:			
CERTIFIED COPY PLAIN STAMPED COPY					
CONTACT PERSON:					
EX	AMI	NER'S INITIALS:			

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

statement of char	rovisions of sections 607.0502, 617.0502, age is submitted for a corporation organiz to change its registered office or register	red under the laws of the State of Delay	vare	
1. The name of th	ne corporation: GENESIS HR SOLUTIO	NS, INC.		
2. The principal of	office address: 30 Corporate Drive, Suite	e 100, Fort Lauderdale, FL 33334		
3. The mailing ac	ddress (if different):			
4. Date of incorp	oration/qualification: 07/03/2008	Document number: F0800000297	8	
5. The name and Florida Depart	street address of the current registered ag tment of State: (If resigned, enter resigned	ent and registered office on file with the		
	Corporate Creations Network, Inc.		2025 SEP	
	801 US Highway 1		F -9	
	North Palm Beach	FL 33408	,	
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	2025	
	1201 Hays Street P.O. Box NOT acceptable			
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the street a be identical.	address of the business office of its regi	stered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted to board, or the corporation has been not	by its board of directors or by an office ified in writing of the change.	er so	
/s/ James Jones Signature of an officer or director		James Jones, Associate General Counsel & VP	of Compliance	
		Printed or typed name and title		
I hereby accept I further agree of my duties, and document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the oblining filed merely to reflect a change in the been notified in writing of this change. Service Company	l agree to act in this capacity, ites relative to the proper and complete gation of my position as registered age registered office address, I hereby con	performance nt. Or, if this 1firm that the	
By: Cl	mlei	09/09/2025		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	, Asst. Vice President			
Т	yped or Printed Name	E. 625 66 * * *		
	* * * FILING FE	E: 333'00		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13) 523692