Division of Corporations Electronic Filing Cover Sheet

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REGISTERED AGENT CHANGE PAYLOCITY CORPORATION

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Corporate Filing Menu

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10/6/2011

May www Tillions

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

Pursuant to the provisions of sections 607.0502, 61 statement of change is submitted for a corporation in order to change its registered office or i	Y13**	this nois
The name of the corporation: Paylocity Co The principal office address: 3850 N Wilke	orporation e Road Suite 100, Arlington Heights, Illi	inois 60004
3. The mailing address (if different):		
4. Date of incorporation/qualification: 4/29/201	Document number: F100000020)43
5. The name and street address of the current registre Florida Department of State: (If resigned, enter re		
NRAI SERVICES, INC.		
515 E. PARK AVENUE		7. 20
TALLAHASSEE, FL 3230	1	N OC
6. The name and street address of the new registered (if changed):	d agent (if changed) and /or registered office	HASSEE
C T Corporation System		ES S
1200 South Pine Island R	Road, Plantation, Florida 33324	108 108 108 108 108 108 108 108 108 108
P.O. B	Sox NOT acceptable	107
The street address of its registered office and the sas changed will be identical. Such change was authorized by resolution duly acauthorized by the board, or the corporation has be		
4 Den Tall 6	Dan Miller, Secretary	
Signature of an officer or director	Printed or typed name and title	
I hereby accept the appointment as registered age I further agree to comply with the provisions of all of my duties, and I am familiar with and accept th document is being filed merely to reflect a change corporation has been notified in writing of this ch	ent and agree to act in this capacity. It statutes relative to the proper and complete pa se obligation of my position as registered agent. in the registered office address, I hereby confi- unge.	erformance Or, if this rm that the
Natil	3rd day of October, 2011	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Mark Williams, AVP		
Typed or Printed Name		
#ART FEIN	18 PER: \$35.00 * * *	
MANE TO DIVISION OF COMPONISTS CR2E045 (\$405)	O'FLORIDA DEPARTMENT OF STATE 1927 O'BOX 6327, TALLAHASSEE, FL 32314	

Fax audit # H110002432601 3