

(Requestor's Name)				
(Address)				
(Address)				
(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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Office Use Only

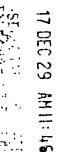


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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: December 27, 2017

Order#: 973395-002

Re: EEMPLOYERS SOLUTIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

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: Mary Rivers

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.

OUCA.XCOA

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

statement of cha	unge is submitted for a corpora	2, 617,0502, 607,1508, or 617,1508, Florida Statition organized under the laws of the State of TEX or registered agent, or both, in the State of Flor	XAS
1. The name of	the corporation: EEMPLOYERS	S SOLUTIONS, INC.	
-	office address:BNER ROAD SAN ANTONIO	TX 78230	
3. The mailing a	address (if different):		
4. Date of incorporation/qualification: 12/07/2010 Document number: F10000005368			
	d street address of the current returnent of State: (If resigned, en	egistered agent and registered office on file with ter resigned)	the
	C T CORPORATION SYSTE	M	
	1200 SOUTH PINE ISLAND	ROAD	
	PLANTATION	FL 33324	TALE A
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registered office	C 29
	Corporation Service Compan	у	AH C
	1201 Hays Street		
		O Box NOT acceptable	3*
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and to be identical.	the street address of the business office of its re	gistered agent,
Such change wa authorized by th	as authorized by resolution dul ne board, or the corporation ha	y adopted by its board of directors or by an offi s been notified in writing of the change.	cer so
X.	ee 2 aoni	Jill Cilmi, Vice President	
Sugfiafü	re of alt officer or director	Printed or typed name and title	<del></del>
I further agree i performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar w is document is being filed mero	agent and agree to act in this capacity.  of all statutes relative to the proper and comple  with and accept the obligation of my position as  ely to reflect a change in the registered office a  notified in writing of this change.	te registered ddress, I
By:	Inco Cotubia	12/22/2017	
215	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Assistant Vice President		
T	yped or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*