F11000001305

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

ACCOUNT NO. : I200000000195 REFERENCE : 071737 7428498 AUTHORIZATION : COST LIMIT : \$ 35.00 ORDER DATE : October 24, 2022 ORDER TIME : 9:49 AM ORDER NO. : 071737-100 CUSTOMER NO: 7428498 CHANGE OF AGENT NAME: EMPLOYBRIDGE OF DALLAS, INC.
COST LIMIT : \$ 35.00 ORDER DATE : October 24, 2022 ORDER TIME : 9:49 AM ORDER NO. : 071737-100 CUSTOMER NO: 7428498 CHANGE OF AGENT NAME: EMPLOYBRIDGE OF DALLAS, INC.
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NAME: EMPLOYBRIDGE OF DALLAS, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
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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 inge is submitted for a corporati ir to change its registered office	ion organized under the lav	vs of the State of Georgia
1. The name of	the corporation: EMPLOYBRIE	OGE OF DALLAS, INC.	
2. The principal	office address:	ite Blvd #300, Duluth, (GA 30097
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 03/25/20	Document i	number: F11000001305
5. The name and	d street address of the current reg tment of State: (If resigned, ente	gistered agent and registere	
	Corporate Creations Network	Inc.	<u>, </u>
	801 US Highway 1		
	North Palm Beach, FL 33408	3	
6. The name and (if changed):	I street address of the new regist	ered agent (if changed) and	I /or registered office
	Corporation Service Company	у	
	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee	FL	32301
-			siness office of its registered agent,
Such change wa authorized by th	is authorized by resolution duly the board, or the corporation has	adopted by its board of do been notified in writing o	irectors or by an officer so f the change.
(Found E al	Gearold Moore	, Secretary
Signatur	e of an officer or director	Printe	d or typed name and title
Corporation By: (the appointment as registered a comply with the provisions of a familiar with and acceping filed merely to reflect a charbeen notified in writing of this Service Company	agent and agree to act in to fall statutes relative to the tothe the obligation of my posinge in the registered office change.	his capacity, e proper and complete performance tion as registered agent. Or, if this address, I hereby confirm that the
If signing on bel	nalf of an entity:		
•	Asst. Vice President	_	

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

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