Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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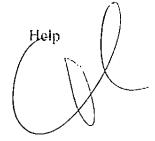
To:	Di			
	Division of Corporations			\simeq
	Fax Number	: (850)617-6380	- :	2024
From:			t	JAN
	Account Name	: C T CORPORATION SYSTEM		
	Account Number	: FCA000000023	-	30
	Phone	: (614)280-3338		
		: (614)573-3996	٠,	7
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**Enter	the email addres	s for this business entity to be use	ed for future	ਹ ਹ
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COR AMND/RESTATE/CORRECT OR O/D RESIGN CORPORATE COST CONTROL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

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Corporate Filing Menu



PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607,1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F120000	002172			
	(Document number of corporation (if known)			
CORPORATE COST CONTROL, INC.				
(Name of corp	poration as it appears on the records of the Departr	nent of State)		
2. Massachusetts	3. 05/21/2012 (Date authori			
(Incorporated under lav	(Date authori	zed to do bus	iness in Florida)	}
(4-7 CC	SECTION II OMPLETE ONLY THE APPLICABLE CHAN	NGES)		
	corporation, when was the change effected under the	he laws of its	jurisdiction of	9n.
incorporation?]. (≓ -
EXPERIAN EMPLOYER SERVICES, INC			•	3* . 25
(Name of corporation after the amendment, not contained in new name of the corporation	adding suffix "corporation," "company," or "inco	prporated," or	appropriate abb	Sylation:
,	• • •		ر، ت	= .
(If new name is unavailable in Florida, enter	alternate corporate name adopted for the purpose	of transacting	= busin ess in Fl	orida)
	f duration, indicate new period of duration.		٠.,	л Э
	(New duration)	. <u></u>		
7. If the amendment changes the jurisdiction	ion of incorporation, indicate new jurisdiction.			
_	(New jurisdiction)			
If amending the registered agent and/or and/or new registered agent and/or the new registered.	registered office address in Florida, enter the na stered office address:	ame of the		
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	(City)	_, Florida	Zip Code)	
Name Destinational Association in 1971.				
New Registered Agent's Signature, if chr I hereby accept the appointment as registered	anging Registered Agent: ed agent.—I am familiar with and accept the oblig	ations of the p	oosition	
Signature of New Register	red Agent, if changing			

Title: Capacity	Name	Address	Type of Action	
			Add	
			l Remove	
		<u>.</u>	Add	
			2024 JAN 30 AH 8: 53	
			Add	
	_		L.Remove	
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. Attached is a certification to the application to the under the laws of whi	ate or document of similar import, evidence the Department of State, by the Secretary of State it is incorporated.		ated not more than 90 days prior to distody of corporate records in the juin	leliver sdictio
_	(Signature of a director, pro	esident or other officer - if in the oppointed fiduciary, by that fidu		
	•	• •	nt Secretary	

FILING FEE \$35.00

From: David Thomas



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

October 17, 2023

2024-01-30 11:53:11 CST

TO WHOM IT MAY CONCERN:

I hereby certify that

STRATEGIC COST CONTROL, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on November 17, 2008.

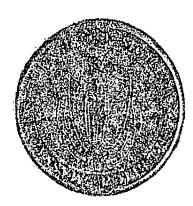
I also certify that by Articles of Amendment filed here May 10, 2021, the name of said corporation was changed to

CORPORATE COST CONTROL, INC.

I further certify that by Articles of Amendment filed here February 10, 2023, the name of said corporation was changed to

EXPERIAN EMPLOYER SERVICES, INC.

I also certify that so far as appears of record here, said corporation still has legal existence.



Processed By PMLH

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

William Travino Galecin

on the date first above written.

Secretary of the Commonwealth