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Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

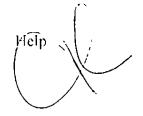
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REGISTERED AGENT CHANGE EXPERIAN EMPLOYER SERVICES, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orga r to change its registered office or regis	nized under the laws of the State of \overline{N}	lassachusetts			
	he corporation: EXPERIAN EMPLOYE					
	office address: 475 ANTON BLVD., CO.					
3. The mailing a	ddress (if different):					
3. The mailing address (if different): 4. Date of incorporation/qualification: 05/21/2012 Document number: F12000002172						
5. The name and	street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file with	the			
	CT CORPORATION SYSTEM		2021، خ			
	228 GENIUS DRIVE		2024 NAR 19			
	WINTER PARK, FL 32789		HASSE			
6. The name and street address of the new registered agent (if changed) and /or registered office to (if changed):						
	C T Corporation System	· · · · · · · · · · · · · · · · · · ·	rn 			
	1200 South Pine Island Road					
	P.O. Box NOT acceptable Plantation, Florida 33324					
The street addre	ss of its registered office and the stree be identical.	address of the business office of its	registered agent,			
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been n	d by its board of directors or by an obtified in writing of the change.	ffic e r so			
Signatur	e of an officer or director	Jeff Shotts, CFO Priored or typed name and title				
I further agree to of my duties, an document is heil carporation has	the appointment as registered agent a o comply with the provisions of all sta d I am familiar with and accept the ob ny filed merely to reflect a change in t been notified in writing of this change	titles relative to the proper and comp ligation of my position as registered he registered office address, I hereby	agent. Or, il this			
C T Corporation	System Shawe Honey Hure of Registered Agent	03/15/2024 Date				
If signing on bei	half of an entity:					
Stephanie Hencz						
Ty	ped or Printed Name					
	* * * FILING F	EE: \$35.00 * * *				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2e045 (04/13)

By: