# 300000272

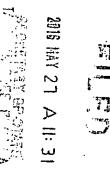
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	•
(C	ity/State/Zip/Phone #)	·
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
	·	
	·	

Office Use Only



500286281915

65.27.16-01016-005 \*\*35.00



#### 2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

#### REFERENCE # MUST BE ON INVOICE TO BE PAID

#### **NUMBER PAGES:**

Date: May 24, 2016

AE: Shaun Carraway

TO:

Florida Department of State

H1080 REFERENCE:

976289

PO Box 6327

Tallahasee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

TALENTWISE, INC.

#### **Change of Registered Agent**

IN: FL

SPECIAL INSTRUCTIONS: Please file the attached and return a plain copy of the filing to:

Paracorp Incorporated Attn: Ashley Speyer 2804 Gateway Oaks Dr #200 Sacramento, CA 95833

1000年 (1900年) 1000年 (1900年) - 100年 大田田 (1940年) - 100年 日本田田 (1900年)

Service Description	Check Number	Name	Amount
Change of Registered Agent	597414	Florida Department of State	\$35

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Ashley Speyer TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: TALENTWISE, INC.

Name of Corporation

F1300002224

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Ashley Speyer** 

Name of Contact Person

PARACORP INCORPORATED

Firm/Company

2804 GATEWAY OAKS DRIVE #200

Address

SACRAMENTO, CA 95833

City/State and Zip Code

ANNUALREPORTS@MYPARACORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ASHLEY SPEYER** 

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of DELAWARE to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: TALENTWISE, INC.
2. The principal	office address: 19910 North Creek Parkway, Suite 200 Bothell, WA 98011
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: 5/21/2013 Document number: F13000002224
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	C T CORPORATION SYSTEM
•	1200 SOUTH PINE ISLAND ROAD
	PLANTATION, FL 33324
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Paracorp Incorporated
	155 Office Plaza Drive, 1st Floor P.O. Box NOT acceptable
	Tallahassee, FL 32301
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
mothy a	Trusthy White Tax Manager e of an officer or director  Frinted or typed name and title
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
X bul	ature of Registered Agent Date
	· · ·
If signing on bel	·
Latica &	ped or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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