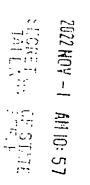
F13000004524

(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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NOV - 2 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT N	O. : I2000000195
REFEREN	CE : 071739 7428498
AUTHORIZATI	ON: Spellelenan
COST LIM	IT : \$ 35.00
ORDER DATE : October 24, 2	022
ORDER TIME : 9:50 AM	
ORDER NO. : 071737-061	
CUSTOMER NO: 7428498	
<u>CHANGE O</u>	F AGENT
NAME: EMPLOYBRID	GE MIDWEST 1, INC.
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Ami Casper	
	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 corporation in to change its registered office o	on organized under the la	nvs of the State of _	Georgia	is 	
1. The name of	the corporation: EMPLOYBRID	GE MIDWEST 1, INC.		_		_
	office address:		GA 30097			-
3. The mailing a	ddress (if different):					•
	poration/qualification: 10/17/20					_
5. The name and	street address of the current regi tment of State: (If resigned, enter	stered agent and registere				
	Corporate Creations Network	Inc.				
	801 US Highway 1		_	, , -4771	202	
	North Palm Beach, FL 33408			CRE	1022 HOV - 1	3
6. The name and (if changed):	street address of the new registe	red agent (if changed) and	d /or registered offic	ce S		: :
	Corporation Service Company			т.S	AH 10: 5	
	1201 Hays Street			7>	57	
		P.O. Box NOT acceptable	00004			
	Tallahassee		32301			
· · · · · · · · · · · · · · · · · · ·	ss of its registered office and the be identical.				l agent,	
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of d been notified in writing o	firectors or by an o of the change.	fficer so		
G.	so 3 bas	Gearoid Moore				
	e of an officer or director		ed or typed name and title			
Corporation By:	the appointment as registered as comply with the provisions of a lam familiar with and accept a giled merely to reflect a change been notified in writing of this a Service Company	gent and agree to act in tall statutes relative to the all statutes relative to the the obligation of my positive in the registered office thange.	this capacity. e proper and compition as registered a address, I hereby Date	lete perfo agent. Or confirm t	rmance r if this hat the	?
If signing on beh						
	Asst. Vice President ned 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 * * *

CR2E045 (04/13)