## FILIODOCOOS6

| (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: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |



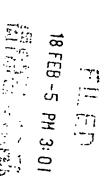


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02/06/18--01004--011 \*\*35.00

R. WHITE

FEB 0 7 2018





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: February 1, 2018

Order#: 046019-020

Re: SAGE PEOPLE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35\_\_.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of c  | hange is submitted for a corporation o   | 7.0502, 607.1508, or 617.1508, Florida State or Delorganized under the laws of the State of Delorgistered agent, or both, in the State of Flori                     | laware                        |
|---|--|---|-------------------------------|
| 1. The name o   | f the corporation: SAGE PEOPLE, IN   | IC.   |                               |
| 2. The principal office address: 3251 Progress Drive, Orlando, FL 32826 |  |   |                               |
| 3. The mailing  | address (if different):  |   | <del>.</del>                  |
| 4. Date of inco   | orporation/qualification: 02/06/2014   | Document number: F14000000  | 536                           |
|   | nd street address of the current registe artment of State: (If resigned, enter re  | ered agent and registered office on file with the signed)   | he                            |
|   | C T Corporation System   |   |                               |
|   | 1200 South Pine Island Road  |   | 型流 壶                          |
|   | Plantation   | FL 33324  |                               |
| 6. The name as (if changed)   | •  | d agent (if changed) and /or registered office  | -5 PH 3:                      |
|   | Corporation Service Company  |   |                               |
|   | 1201 Hays Street   |   | 3181 T                        |
|   | P.O. Box<br>Tallahassee  | x NOT acceptable  FL 32301  |                               |
| The street add as changed wi  | ress of its registered office and the st<br>II be identical.   | treet address of the business office of its rep   | gistered agent,               |
| Such change vauthorized by  | was authorized by resolution duly add<br>the board, or the corporation has bee   | opted by its board of directors or by an officen notified in writing of the change.   | eer so                        |
|   | e & Cionie   | Jill Cilmi, Vice President  |                               |
| I further agree<br>performance of<br>agent. Or, if t<br>hereby confire  | of the appointment as registered agence to comply with the provisions of all of my duties, and I am familiar with a his document is being filed merely to that the corporation has been notified Service Company | statutes relative to the proper and completed accept the obligation of my position as a reflect a change in the registered office acfied in writing of this change. | te<br>registered<br>ldress, I |
| By: Ce  | Ignature of Registered Agent   | 02/01/2018<br>Date  | <del></del>                   |
| If signing on b   | ochalf of an entity;   |   |                               |
| Ami M. Caspe  | er, Asst. Vice President   |   |                               |
|   | Typed 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 \* \* \*