5/21/2019



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

from:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:

REGISTERED AGENT CHANGE LIFEWORKS US INC.

Certificate of Status	0
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Estimated Charge	\$35.00

KECE!

Electronic Filing Menu

Corporate Filing Menu

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MAY 22 CO.T

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

	• •	7.0502, 607.1508, or 61-7.1508, Florida Statutes, this
		organized under the laws of the State ofe registered agent, or both, in the State of Florida.
•		
1. The name of	of the corporation: LifeWorks US Inc.	
2. The princip	pal office address: 201 17th St NW, Sui	te 630, Atlanta, GA 30363
3. The mailin	og address (if different):	
4. Date of inc	corporation/qualification: 02/01/2016	6 Document number: F16000000454
	and street address of the current registe partment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)
	CORPORATION SERVICE COMPA	ANY
	1201 HAYS STREET	
4 .46 °	TALLAHASSEE, FL 32301-2525	
6. The name a	-	d agent (if changed) and /or registered office
	C T Corporation System	÷
	of CT Corporation System, 1200 Sc	outh Pine Island Road
	P.O. Bo	ox NOT acceptable
	Plantation; Florida 33324	
The street ad as changed w	dress of its registered office and the swill be identical.	street address of the business office of its registered agent,
Such change authorized by	was authorized by resolution duly ad y the board, or the corporation has be	opted by its board of directors or by an officer so en notified in writing of the change.
Sig	mature of an officer or director.	SUSAN MARSH CURPORATE SECRETAR
hereby confir	rm that the corporation has been noti	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.
By: CTC	Convertor System	May 16, 2019
	Signature of Registered Agent	Date
If signing on	behalf of an entity:	
Leslie Martin,	, Assistant Secretary	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR26045 (03/12)