(Requestor's Name)				
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/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



600377817906

RECENTED

AH 8: 2.

Y SULKER DEC 1 0 2021

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 288085 8361116 AUTHORIZATION COST LIMIT : (ORDER DATE: December 8, 2021 ORDER TIME : 2:49 PM ORDER NO. : 288085-175 CUSTOMER NO: 8361116 ______ CHANGE OF AGENT NAME: TRINET USA, INC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of cha	orovisions of sections 607.0302, 61 nge is submitted for a corporation or r to change its registered office or t	organized under the law	vs of the State of Delay	ware		
1. The name of t	he corporation: TRINET USA, IN	С				
2. The principal	office address: One Park Place, S	uite 600, Dublin, CA 94	4568			
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 02/15/2017	Document n	number: F170000072	5		
5. The name and	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registered	d office on file with the			
	Corporate Creations Network Inc	3. 				
	801 US Highway 1					
	North Palm Beach	FL	33408			
6. The name and (if changed):	I street address of the new registere	d agent (if changed) and	i /or registered office	161/162		
	Corporation Service Company			5.7. b		
	1201 Hays Street					
	Tallahassee	O. Box NOT acceptable	32301	16.5		
The street addre as changed will	ess of its registered office and the second the second sec	street address of the bu	siness office of its regis	tered agent,		
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of d en notified in writing o	lirectors or by an officer of the change.	r so		
Xie	r & agni	Jill Cilmi, Vice	President			
/ 4	re of an officer or director		ed or typed name and title			
corporation has	the appointment as registered age to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch n Service Company	ent and agree to act in the last the statutes relative to the second of my position of my position of the registered office ange.	this capacity. e proper and complete pition as registered agen e address, I hereby conf	performance t. Or if this irm that the		
By: С	umlei	12/09/2021				
Sign	nature of Registered Agent		Date			
If signing on be	half of an entity:					
Ami M. Casper,	, Asst. Vice President					
	yped or Printed Name					

* * * FILING FEE: \$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)