## F17000004939

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IALLAHASSEE'H LORIOA

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 : \$ 3-5.00 ORDER DATE: December 8, 2021 ORDER TIME : 2:49 PM ORDER NO. : 288085-127 CUSTOMER NO: 8361116 CHANGE OF AGENT NAME: TRINET PROFESSIONAL EMPLOYER SERVICES, 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

in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation:TRINET PROFESSIONAL EMPLOYER SERVICES, INC.
2. The principal office address: One Park Place, Suite 600, Dublin, CA 94568
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/02/2017 Document number: F17000004939
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Corporate Creations Network Inc.
801 US Highway 1
North Palm Beach FL 33408
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
Corporation Service Company  1201 Hays Street  P.O. Box. NOT acceptable
Tallahassee FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Jill Cilmi, Vice President
Signature of an officer or director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  Corporation Service Company
By: (11, M Let) 12/09/2021
Signature of Registered Agent Date
If signing on behalf of an entity:
Ami M. Casper, 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
CR2E045 (04/13)