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cheet

fo:

Division of Corporations

fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)796-7274

> \*\*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 NGAGE SPECIALIST RECRUITMENT INC.

Certificate of Status	0
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

Name of Corporation	
•	
DOCUMENT NUMBER: F18000001338	
The enclosed Statement of Change of Registered Offi	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
	•
Morrissa Ramirez	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd., Suite 300	
Address	<del></del>
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
Morrissa Ramirez	at (888 ) 705-7274  Area Code & Daytime Telephone
For further information concerning this matter, please	

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Control of Tallahausee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**Street Address:** 

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu ange is submitted for a corporation organized under the laws of the State of $\frac{DEL}{C}$ or to change its registered office or registered agent, or both, in the State of Floric	AWARE	
	the corporation: NGAGE SPECIALIST RECRUITMENT INC.		
2. The principal	office address: Sth Floor, 4 Coleman Street R SAR, United Kingdom	<u></u>	
3. The mailing a	address (if different):		
4. Date of incom	poration/qualification: 03/20/2018 Document number: F18000001338	} 	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		20
	REGISTERED AGENT SOLUTIONS, INC.		
	155 OFFICE PLAZA DR., STE A	22 <u>22 </u>	127
	TALLAHASSEE, FL 32301		<u>==</u>
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		
	ROOP PANJWANI	€Ð <sup>&gt;&gt;</sup>	
	111 NORTH ORANGE AVENUE, SUITE 800		
	P.O. Box NOT acceptable ORLANIDO, PL 32801		
The street address changed will	as of its registered office and the street address of the business office of its reg	istered agent,	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an office to board, or the corporation has been notified in writing of the change.	er so	
ter	ANDREW BURCHALL Fool an officer or director		
	the appointment as registered agent and agree to act in this capacity.  o comply with the provisions of all statutes relative to the proper and complete of I and fabiliar with and accept the obligation of my position as registered age ng filed merely to reflect a change in the registered office address, I hereby con been notified in writing of this change.	performance nt. Or, if this nfirm that the	
	Panjwani 01/24/2020		
Sign	Date Date Date		
Roop Pan	jwani		
1)	oped or Printed Nume		

\* \* \* 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)