

2/17/22 5:25 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2022 FEB 17 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FL

To: Division of Corporations
Fax Number : (850)617-6380
From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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
GREENLIGHT WORKFORCE SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01

<https://efile.sos.fl.gov/scripts/efilecovr.exe>

2022 FEB 17 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FL

To: 18506176380 From: 12147128131 Date: 02/17/22 Time: 1:27 PM Page: 02/03

2/17/22 5:25 AM

Division of Corporations

Estimated Charge	\$35.00
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5

Electronic Filing Menu

Corporate Filing Menu

Help

((H22000062985 3)))

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of DE
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GREENLIGHT WORKFORCE SOLUTIONS, INC.
2. The principal office address: 2439 BIRCH STREET SUITE 1, PALTO ALTO, CA 94306
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/30/2020 Document number: F20000002978
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)

INCRP SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

LEGALINC CORPORATE SERVICES INC.

5237 SUMMERLIN COMMONS BLVD, SUITE 400

P.O. Box NOT acceptable

FORT MYERS, FL, US, 33907

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.

Jason Posel
For Period (Feb 11, 2022 to Feb 11, 2023)

Signature of an officer or director

Jason Posel, CEO/CFO/COO

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.*

[Signature]

Signature of Registered Agent

2/1/2022

Date

If signing on behalf of an entity:

Anna Manukyan

Typed 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)

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