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 : (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 UKG INC.

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Electronic Filing Menu

Corporate Filing Menu

JAh 2 2 2021

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

statement of chai	provisions of sections 607.050 age is submitted for a corpora to change its registered offic	tion organizea	under the laws of the i	State of <u>DE</u>	this
1. The name of the	ne corporation: UKG INC.				
2. The principal	office address: 2000 Ultimate V	Vay, Weston, F	L 33326		
3. The mailing ac	Idress (if different): 1485 N.P.	ARK DRIVE W	/ESTON, FL 33326		
4. Dateofincorpo	pration/qualification: 06/04/19	996	_ Document number: _	F96000002778	
5. The name and	street address of the current n iment of State: (If resigned, en	egistered agen	and registered office of	on file with the	
	FLORIDA FILING & SEARC	H SERVICES E	NC.		
	155 OFFICE PLAZA DR STE	A TALLAHAS	SSEE, FL 32301		
6. The name and (ifchanged):	street address of the new regi	istered agent (i	Changed) and /or regi	stered office	
	C T Corporation System				202
	1200 South Pine Island Road				l Já
	Plantation, Florida 33324	P.O. Box NO	I acceptable		2021 JAN 21
	ss of its registered office and be identical.			' أمة	
Such change wa authorized by M	s authorized by resolution du board, or the corporation has	ily adopted by as been notific	its board of directors d in writing of the cha	or by an'ot]iç er : ange.	\$ R
JR	<u></u>	Je	ennifer Kurz, Vice Presi		
I hereby accept I further agree t of my duties, an document is beit corporation has	the appointment as registered or comply with the provisions of Lam familiar with and accepted merely to reflect a charging of the System	d agent and ag of all statutes opt the obligat lange in the re is change.	Printed or typed gree to act in this capa relative to the proper ion of my position as t gistered office addres:		erformance Or, if this rm that the
Sec	Estarc of Registered Agent	0	1/12/2021		
			Date	!	
	nalf of an entity:				
Joe Davis, Assist					
Ty	ped 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)

By: