From: David Thomas Page Lof 2

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-8390

Erom:

Account Name : C 1 CORPORATION SYSTEM

Account Number : FCACOCCOCCS:

Photee : (954)269-0845 Fax Number : (614:073-3996

\*\*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 EMPLOYEE MANAGEMENT SERVICES III, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Electronic Filing Menu

Corporate Filing Menu



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

	provisions of sections 607 0502, 617.050 inge is submitted for a corporation orga		
	er to change its registered office or regis		rida.
1. The name of	the corporation: EMPLOYEE MANAGE	MENT SERVICES III. INC.	
2. The principal	office address: 201 East 4th Street, Suite	800	
· · · · · · · · · · · · · · · · · · ·	Cincinnati, OH 45202		
	address (if different):		
4. Dateofincorp	oration/qualification: 08:03/1983	Document number: G52602	
5. The name and	d street address of the current registered atment of State: (If resigned, enter resign	agent and registered office on file with	the
	CORPORATION SERVICE COMPANY	,	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		
6. The name and (ifchanged):	d street address of the new registered age	ent (if changed) and for registered offic	2023 JAN 20
	C T Corporation System		<b>3</b>
	1200 South Pine Island Road		
	P,O Bo	ox NO1 accuptable	
	Plantation, Florida 33324		8:2
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its r	registered agent.
Such change wa authorized by tl	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by an of officed in writing of the change.	licer so
	The second secon	KIMBERLY BOWENS, SECRETAR	RY
I hereby accept I further agree to of my duties, and document is bei	the appointment as registered agent in the appointment as registered agent in to comply with the provisions of all studd I am familiar with and accept the obing filed merely to reflect a change in the been notified in writing of this change a System	Primed or typed name and fale ad agree to act in this capacity, tutes relative to the proper and compl ligation of my position as registered a te registered office address, I hereby (11/18/2023	lete performance igent. Or if this confirm that the
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
SEAN L. EMER	ICK, ASSISTANT SECRETARY		
ľ	yped or Printed Name		
	* * * 011 187 ' 121	CU. \$35 AA × *	

FILING FEE: \$35.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314 CR2E045 (04/13)

By.