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Division of Corporations Electronic Filing Cover Sheet

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(((H15000029060 3)))



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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

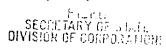
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## REGISTERED AGENT CHANGE ADP TOTALSOURCE SERVICES, INC.

<u> </u>	
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 15 FEB $-4\,$ AM (0: 2) BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this angle is submitted for a corporation organized under the laws of the State of Florida received to change its registered office or registered agent, or both, in the State of Florida.		
	he corporation: ADP TOTALSOURCE SERVICES, INC.		
2. The principal	office address:		
3. The mailing a	ddress (If different):		
4. Date of incorp	poration/qualification: 09/13/1984 Document number: H20755		
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)		
	NATIONAL REGISTERED AGENTS, INC.		
	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		
	c/o CT Corporation System, 1200 South Pine Island Road		
	P.O. Box NOT ecceptable Plantation, Florida 33324		
-	ss of its registered office and the street address of the business office of its registered agent, be identical.  s authorized by resolution duly adopted by its board of directors or by an officer so by business, or the corporation has been notified in writing of the change.		
	Jennifer Kurz, Vice President		
71	epi an officer or director Printed of typed cums and title		
I hereby adodot I further defee ( performable of agent. Or, if thi hereby confirm	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 my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.		
By:	oration System 1/27/2015		
If signing on bel	Alfred Younan Assistant Secretary		
Ту	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 (03/12)