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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations Fax Number : (850)617-6380

From:

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Account Number	;	FCA00000023	
Phone	:	(850)205-8842	
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.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ADP TOTALSOURCE SERVICES, INC.

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4/30/2015 11:52:56 AM From: To: 8506176380(2/6)

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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ______ ADP TotalSource Services, Inc.

DOCUMENT NUMBER:

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tom Gamarello

Name of Contact Person

ADP, LLC

Firm/ Company

One ADP Blvd., MS 325

Address

Roseland, NJ 07068

City/ State and Zip Code

daria.goginsky@adp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Gamarello	973 974-7227	
Name of Contact Person	Arca Code & Davtime Telephone Number	

Enclosed is a check for the following amount made payable to the Florida Department of State:

S43.75 Filing Fee &

Certificate of Status

S35 Filing Fee

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

4/30/2015 11:52:56 AM From: To: 8506176380(3/6)

Articles of Amendment to Articles of Incorporation of

2015 APR 30 AH 10: 09

TILED

ADP TotalSource Services, Inc.

(Name of Corporation as currently filed with the Florida Dept, of State)

H20755 (Document Number of Corporation (if known)

RETARY OF STATE Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

name must be distinguishable and contain the "Carp.," "Inc.," ar Co.," or the designation " word "chartered," "professional association," a	Cerp," "Inc," or "Co". A proj	
B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST BE A STREET</u>		
C. <u>Enter new mailing address, if applicable:</u> (Molling address <u>MAY BE A POST OFFIC</u>	<u>E-BOX</u>)	
D. If amending the registered agent and/or re new registered agent and/or the new regis Name of New Registered Agent		da, enter the name of the
	(Florida sireei address)	
<u>New Registered Office Address</u> :	(City)	, Florida (Zip Code)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chalrman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the Y. There is a change, Mike Jones leaves the corporation, Sally Smith is named the Y and S. These should be noted as John Doe, PT as a Change, Mike Jones, Y as Remove, and Sally Smith, SV as an Add. **Example:**

X Change	<u>PT</u>	<u>John Do</u>	<u>*</u>		
X Remove	¥	<u>Mike Ja</u>	nes		
<u>X</u> Add	<u>sv</u>	<u>Sally Sr</u>	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	Address	
i) Change Add Remove		-			
2) Change		_			н 14-1 с. 17-1
3) Change	<u></u>		<u> </u>		
4) Change Add Remove		_		- <u></u>	
5) Change Add Remove			<u></u>		
 δ) Change Add Remove 		-			

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, if necessary). (Be specific)

Article V Indemnification of the Amended and Restated Articles of Incorporation of ADP TotalSource Services,

Inc. is hereby deleted in its entirety.

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F. If an amondment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amondment if not contained in the amondment itself: (if not applicable, indicate N/A)

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4/30/2015 11:52:56 AM From: To: 8506176380(6/6)

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The date of each amondment(s) ad date this document was signed.	leption:	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	woved by the shareholders through voting groups. The following statement each voting group entitled to vate separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(vasing group)	
	(vosing graup)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
action was not required.	ppted by the incorporators without shareholder action and shareholder	
Dated	Lg/15	
Signature	irector, president or other officer - if directors or officers have not been	
selecte	d, by an incorporator - if in the hands of a receiver, trustee, or other court	
sppoin	ted fiduciary by that fiduciary)	
	Barry Eisler	
	(Typed or printed name of person signing)	

Secretary

(Title of person signing)