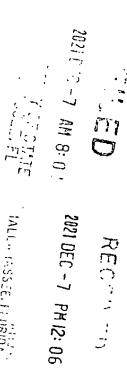
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(Requestor's Na	me)				
(Address)					
(Address)					
(City/State/Zip/P	hone #)				
PICK-UP WAIT	MAIL				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/07/2021				
	Eric Marc	ano	_		
	#:1545		_		
	ıe:		Y PAYROLL	LLC	
☐ Artic	cles of Incorporation	ı/Authorizatior	to Transact Bu	ısiness	
☐ Ame	endment				
✓ Cha	nge of Agent				
☐ Reir	nstatement				
Con	version				
☐ Mer	ger				
☐ Diss	solution/Withdrawal				
☐ Ficti	tious Name				
Othe	er			<u></u>	
Authorized	Amount:	\$25.00			
Signature:	Eric Marcano				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Chandler, AZ 85224	(b) 2600 W. Geronimo Place, Suite 100 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01
	Chandler, AZ 85224
February 25, 2004	L04000015094
Date of filing/registration in Florida	4. Document number
MARRERO, ALEX	
Registered Agent and Registered Office shown on the records of	f the Florida Dept. of State:
4902 SW 72 Ave	
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)
	2021
MIAMI	33155
MIAIMI	
COGENCY GLOBAL INC.	
Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
	d Office address:
115 North Calhoun St., Suite 4	[] July 1
NEW Registered Office Address:	
Tallahassee El	L 32301
Talialiassee , Fl	
ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the register liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.
Cara Childress	Kara Childress
ature of a member or authorized representative of a member	Printed or typed name of signee
eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I red in writing of this change.	gree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and acceed for in Chapter 605, F.S. Or, if this document is being file thereby confirm that the limited liability company has been

Tim Mayville, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)