

L04000082885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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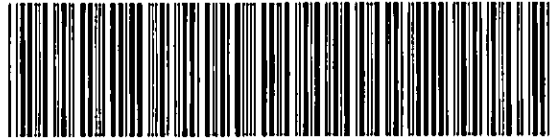
(Business Entity Name)

(Document Number)

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JUL 13 2018



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: July 12, 2018

Account#: I20000000088

Name: Marisa Kugelman

Reference #: M100205

Entity Name: OFFSITE HR, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: Marisa Kugelman

• CORPORATE HQ
COGENCYGLOBAL INC.
10 E 40 ST, 10 FL
NY NY 10016
800.271.0102
+1.212.947.7200

• EUROPEAN HQ
COGENCYGLOBAL (UK) LIMITED
REG. OFFICE IN ENGLAND & WALES
REGISTRY NO. 101072
6 BEVIS MARKS, 11 FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
COGENCYGLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12 FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



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TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OFFSITE HR, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josh Roberts

Name of Person

Firm/Company

12225 Greenville Ave Suite 300

Address

Dallas, TX 75243

City/State and Zip Code

jroberts@lroberts.com

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

For further information concerning this matter, please call:

Name of Person

at ()

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.

1. Name of the limited liability company: OFFSITE HR, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

12225 Greenville Ave. SUITE 300

12225 Greenville Ave. SUITE 300

DALLAS, TX 75243

DALLAS, TX 75243

11/16/2004

L04000082885

3. Date of filing/registration in Florida

4. Document number

5. (a) INCORP SERVICES, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

(b) COGENCY GLOBAL INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4

NEW Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Josh Roberts
Signature of a member or authorized representative of a member

JOSH ROBERTS
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

COGENCY GLOBAL INC.
Signature of Registered Agent

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

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18 JUL 12 AM 10:54
TALLAHASSEE, FLORIDA
STATE DEPT. OF REVENUE