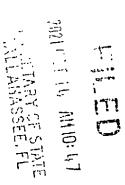
## 0400082885

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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Y SULKER OCT 15 2021

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 071757 8357736						
AUTHORIZATION :						
COST LIMIT : \$\frac{25.00}{25.00}						
ORDER DATE: October 4, 2021						
ORDER TIME : 11:0 AM						
ORDER NO. : 071757-059						
CUSTOMER NO: 8357736						
CHANGE OF AGENT						
NAME: OFFSITE HR, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker EXT#						

EXAMINER:

## 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. Na	ame of the limited liability company: OFF	FSITE HR, I	LLC			
2. (a)	12225 Greenville Avenue, Suite 300		(b) _			
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Dallas, TX 75243		 			
	11/16/2004		L04	04000082885		
3.	Date of filing/registration in Flori	ida	4.	Document number		
5. (a)	Cogency Global Inc.					
	Registered Agent and Registered Office shown on	the records of	the Florida Dep	Pept. of State:		
	115 North Calhoun Street, Suite 4					
	Registered Office Address (MUST BE FLORIS					
	Tallahassee		32301	702		
		, FL	·			
(b) .				VELTER		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			======================================		
	Corporation Service Company			THE MAN OF STATE AND SEE. FL		
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee	FI	32301			
change agent v was/we	or changes are made, the Florida street add vill be identical. Or, in the case of a Florid	dress of the a limited lia members o	registered or ability compa of the limited	ate of Florida, it is hereby confirmed that after the office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.		
/s/ Ji	l Cilmi		Jill Cilm	mi, Authorized Person		
	ure of a member or authorized representative of a me			Printed or typed name of signee		
provisi he obli o mere	by accept the appointment as registered age ons of all statutes relative to the proper and gations of my position as registered agent by reflect a change in the registered office I in writing of this change	d complete j as providea address, I h	performance I for in Chap iereby confir	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed firm that the limited liability company has been Service Company		
<u></u>	e of Registered Agent	Aı	mi M. Casp	per. Asst. Vice President		