## L04000082885

(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: 6/8/22 Q. SILAS JUN 15 2022 6/10/22			
Wome and Doc. #4 do not match			

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SECRETARY OF STATE

2022 JUN -8 PM 4: 29

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June 9, 2022

COGENCYGLOBAL

SUBJECT: OFFSITE HR II, LLC Ref. Number: L06000073128

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 022A00012973

Querida R Silas Regulatory Specialist II

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Account#: I20000000088

Date:	06/08/2022			
	Merritt Walker	_		
	#:1684873	_		
Entity Name: OFFSITE HR, LLC				
☐ Artic	cles of Incorporation/Authorization			
Ame	endment			
✓ Change of Agent				
Reir	nstatement			
Con	nversion			
☐ Mer	ger			
Dissolution/Withdrawal				
Fictitious Name				
Othe	er			
Authorized	Amount: <b>\$25</b>			
Signature:	un			

F: +852.2682,9790

## 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. N	ame of the limited liability company: OFFSITE	E HR, LLC			
2. (a)	2600 W. Geronimo Place Suite 100	(b) 2	(h) 2600 W. Geronimo Place Suite 100		
<b>2</b> . (")	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Chandler, AZ 85224	<u>C</u>	handler, AZ 85224		
	July 24, 2006		L04000082885		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Corporation Service Company				
•	Registered Agent and Registered Office shown on the record	ls of the Florida De	pt. of State:		
	1201 Hays Street				
	Registered Office Address (MUST BE FLORIDA STRE	<u>EET ADDRESS)</u>			
	Tallahassee	. FL_32301-2	<u> </u>		
(b)	COGENCY GLOBAL INC.		ECRITALI		
(0)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office addre	LAHAR LAAR		
	115 North Calhoun St., Suite 4		SSE Y OF		
	NEW Registered Office Address:		FILED  PROPERTIARY OF STATE  TALLAHASSEE, FL		
	Tallahassee	, FL 32301			
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membeicles of organization or the operating agreement of	ss of the register ed liability comp ers of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in		
/s/ Kara Childress			hildress		
Signa	iture of a member or authorized representative of a member	<del></del>	Printed or typed name of signee		

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.

/s/ Timothy Mayville

Signature of Registered Agent

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