

106000073128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

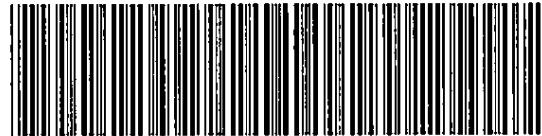
(Business Entity Name)

(Document Number)

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9/27/05



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

Date: September 25, 2018

Account#: I20000000088

Name: Marisa Kugelmann

Reference #: M100205

Entity Name: OFFSITE HR II, 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 Kugelmann

CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40 ST, 10 FL
NY, NY 10016
800.221.0102
+1.212.947.7200

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTERED NO. 08070
6 BEVIS MARKS, 11 FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

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



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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2018

COGENCY GLOBAL

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

We have received your document for OFFSITE HR II, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 818A00020047

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OFFSITE HR II, 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:

Erin Upchurch

Name of Person

COGENCY GLOBAL INC

Firm/Company

1325 J STREET, #1550

Address

SACRAMENTO, CA 95814

City/State and Zip Code

STATREP@COGENCYGLOBAL.COM

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

For further information concerning this matter, please call:

ERIN UPCHURCH

Name of Person

at (866)

6250835

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**

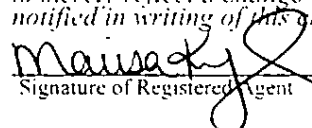
Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| | |
|--|--|
| 1. Name of the limited liability company: <u>OFFSITE HR II, LLC</u> | |
| 2. (a) <u>12225 Greenville Ave.</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>Suite 300</u> <u>Dallas, TX 75243</u> | (b) <u>12225 Greenville Ave.</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>Suite 300</u> <u>Dallas, TX 75243</u> |
| 3. <u>07/24/2006</u> Date of filing/registration in Florida | 4. <u>L06000073128</u> Document number |
| 5. (a) <u>InCorp RA</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>17888 67th Court North</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>Loxahatchee</u> , FL <u>33470</u> | |
| (b) <u>COGENCY GLOBAL INC.</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>115 North Calhoun Street, Suite 4</u> <u>NEW Registered Office Address</u> : <u>Tallahassee</u> , FL <u>32301</u> | |

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.

| | |
|--|--|
|  _____ Signature of a member or authorized representative of a member | Josh Roberts _____ 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.

| | |
|--|-------------------------------------|
|  _____ Signature of Registered Agent | Marisa Kugelmann Asst. Secretary |
|--|-------------------------------------|