L06000073128

(Address) (Address) (City/State/Zip/Phone #)							
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Y SULKER OCT 15 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT 1	ю. ;	12000000	0195			
		REFERE	NCE :	071757	8357736			
		AUTHORIZAT	ION :	V X ac				
		COST LI	MIT :	\$\frac{25.00}{}	enan			
		October 4, 2	021					
ORDER '	TIME :	10:47 AM						
ORDER 1	NO. :	071757-049						
CUSTOM	ER NO:	8357736						
	-	• • • • • • • • • • • • • • • • • • • •	-					
CHANGE OF AGENT								
	NAME -	OFFSITE H	этт т.	I.C				
	TANTE.	OFFSITE III	X 11, 1	DC .				
PLEASE	RETURN	THE FOLLOWING	3 AS PR	OOF OF FI	LING:			
	_	FIED COPY STAMPED COPY						
<u> </u>	_ FLAIN	SIMPED COPI						
CONTACT	r person	I: Eyliena Ba	aker	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	me of the limited liability company:	OFFSITE HR II, LLC					
2. (a)	12225 Greenville Avenue, Suite 300		(h)			
(-)	Principal office address of limited lia (Note: MUST BE STREET A		(0	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Dallas, TX 75243		_				
	07/24/2006			L0600007	73128		
3.	Date of filing/registration in	Florida	4.		Document number		
5. (a)	Cogency Global Inc.						
,, (u)	Registered Agent and Registered Office show	vn on the records of	the Florida	Dept. of Sta	nte:		
	115 North Calhoun Street, Suite 4						
	Registered Office Address (MUST BE FI	_					
	Tallahassee		32301		DOWN WALL TARRY OF STATE		
		, FL			- = = = = = = = = = = = = = = = = = = =		
(b)							
(0)	Enter name of NEW Registered Agent and/o	or NEW Registered	Office add	iress:	- 23 = m		
					HASSES AND		
	Corporation Service Company						
	NEW Registered Office Address:				西哥		
	1201 Hays Street				, tu		
	Tallahassee	PI	32301				
		, FL	·———	<u> </u>	_		
f the li	mited liability company is not organiz	zed under the law	vs of the	State of FI	orida, it is hereby confirmed that after the		
igent w	all be identical. Or, in the case of a F	lorida limited lia	ıbility cor	npany, it i	nd the business office of the registered is hereby confirmed that the change(s)		
vas/we	re authorized by an affirmative vote o cles of organization or the operating a	of the members o	f the limi	ted liabili	ty company or as otherwise provided in		
	l Cilmi	greement of the			npany. orized Person		
	ure of a member or authorized representative of	of a member			Printed or typed name of signee		
rovisic he obli nere	y accept the appointment as registere ons of all statutes relative to the prope gations of my position as registered a ly reflect a change in the registered of in writing of this change.	er and complete p gent as provided ffice address, I h	performa I for in Ci iereby coi	nce of my hapter 60: nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been a Company		
Cianatus	e of Registered Agent	Ar	ni M. Ca	asper, As:	st. Vice President		