L06000073128

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	06/08/2022	
Name:	Merritt Walker	
	1684873	
Entity Name:	OFFSIT	E HR II, LLC
Article	s of Incorporation/Authorization t	o Transact Business
Amen	dment	
✓ Change	ge of Agent	
Reinst	tatement	
Conve	ersion	
☐ Merge	er	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
Other_		
Authorized A	mount: \$25	
Signature	. 1111	

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

1)	2600 W. Geronimo Place Suite 100	(b) 260	00 W. Geronimo Place Suite 100
•	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	my.	Mailing address of limited liability company Note: MAY BE POST OFFICE BOX)
	Chandler, AZ 85224	Cha	andler, AZ 85224
	July 24, 2006		L06000073128
	Date of filing/registration in Florida	4.	Document number
31)	Corporation Service Company		
,	Registered Agent and Registered Office shown on the rec	ords of the Florida Dept.	of State:
	1201 Hays Street		\$ 15 b
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	Document number of State:
	Tallahassee	32301-252	5
o)	COGENCY GLOBAL INC.		
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	<u>zistered Office address</u> :	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	_{F1} 32301	

the articles of organization or the operating agreement of the limited liability company.

	O	
/s/Kara	Childress	

Kara Childress

Signature of a member or authorized representative of a member

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