

L09000079022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 20 2011



WorkLifeHRSM

We Work Where You Work

July 15, 2011

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Registered Agent Change Form

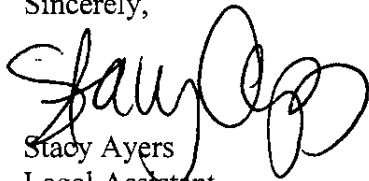
Sir/Madam:

Please find the following enclosed:

- Registered Agent Change form for Thrive HR FL 1, LLC
- \$25 check for filing fee
- Registered Agent Change form for Thrive HR AO, LLC
- \$25 check for filing fee
- Registered Agent Change form for Thrive HR Services, LLC
- \$25 check for filing fee

If you have any questions, feel free to call me at (248) 879-3744 ext. 2603.

Sincerely,



Stacy Ayers
Legal Assistant

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thrive HR AO, 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:

Stacy Ayers
Name of Person

Thrive HR AO, LLC
Firm/Company

700 Tower Drive, Suite 220
Address

Troy, MI 48098
City/State and Zip Code

sayers@worklifehr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Ayers at (248) 879-3744
Name of Person 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 608.416 or 608.508, 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: Thrive HR AO, LLC

2. (a) Principal office address of limited liability company: Thrive HR AO, LLC

(Note: MUST BE STREET ADDRESS)

1715 East 9th Avenue
Tampa, FL 33605

(b) Mailing address of limited liability company:

Thrive HR AO, LLC

(Note: MAY BE POST OFFICE BOX)

1715 East 9th Avenue
Tampa, FL 33605

August 17, 2009

3. Date of filing/registration in Florida

L09000079022

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

INCorp SERVICES, INC.

Registered Office Address:

17888 COURT NORTH
LOXAHATCHEE FL 33470 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

John E. McAllister, III

NEW Registered Office Address:

1715 E. 9th Avenue

(MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33605

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.

* John E. McAllister, III
Signature of a member or authorized representative of a member

John E. McAllister, III

Printed or typed name of signer

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 608, 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.

* John E. McAllister, III
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00