F1200000 4640

(F	Requestor's	Name)	
(<i>F</i>	Address)		
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(0	City/State/Zi	p/Phone #)	
PICK-UP		WAIT	MAIL
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Special Instructions to Fi	ling Officer:		

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 141960 7487682				
AUTHORIZATION:				
COST LIMIT : \$ 35.00				
ORDER DATE: November 17, 2022				
ORDER TIME : 9:32 AM				
ORDER NO. : 141960-020				
CUSTOMER NO: 7487682				
CHANGE OF AGENT				
NAME: AMERI-FORCE PROFESSIONAL SERVICES, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker				

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607,0502, 617,050 age is submitted for a corporation organ	ized under the laws of the State of \bot	DE ' fiele la la			
	to change its registered office or registe		12240V 18 AF 10: 34			
1. The name of t	ne corporation: AMERI-FORCE PROFE	SSIONAL SERVICES, INC.	COOK TO THE STATE			
2. The principal	office address: 7077 Bonneval Road Sui	ite 220 Jacksonville, FL 32216	TALLAH SSEE, FILE			
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification: 11/13/2012	Document number: F120000	004640			
5. The name and	street address of the current registered a timent of State: (If resigned, enter resigned	gent and registered office on file wi				
	GLOVER, JOHN		_			
	7077 Bonneval Road Suite 220					
	Jacksonville, FL 32216					
6. The name and (if changed):	street address of the new registered ages	nt (if changed) and /or registered off	fice			
	Corporation Service Company					
	1201 Hays Street					
	P.O. Box NOT acceptable					
	Tallahassee	FL 32301	-			
as changed will						
Such change was authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an otified in writing of the change.	officer so			
يون 📗	2 agnie	Jill Cilmi Printed or typed name and to	Vice President			
I hereby accept I further agree to of my duties, an document is hei- corporation has	the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change	nd agree to act in this capacity. Jutes relative to the proper and con ligation of my position as registere. The registered office address, I herel	uplete performance d agent Or if this			
Corporation By:	Service Company Oca CKO	11/17/2022				
_	half of an entity:					
	Asst. Vice President yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

* * * FILING FEE: \$35.00 * * *