

L13000160638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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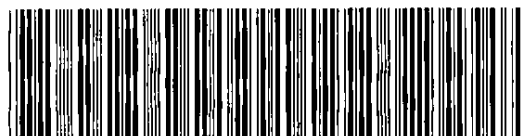
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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K. SALY

JUN 20 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 680891 8141319

AUTHORIZATION : *[Handwritten signature]*

COST LIMIT : \$ 25.00

ORDER DATE : June 13, 2017

ORDER TIME : 9:27 AM

ORDER NO. : 680891-005

CUSTOMER NO: 8141319

CHANGE OF AGENT

NAME: PREMIER WORK-SITE SOLUTIONS,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIER WORK-SITE SOLUTIONS, 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:

MATTHEW BORELLA

Name of Person

PREMIER WORK-SITE SOLUTIONS, LLC

Firm/Company

700 KINDERKAMACK ROAD, SUITE 205

Address

ORADELL, NJ 07649

City/State and Zip Code

MBORELLA@PREMIERWORKSITE.COM

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

For further information concerning this matter, please call:

MATTHEW BORELLA

Name of Person

at (201) 264-8695

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: PREMIER WORK-SITE SOLUTIONS, LLC

2. (a) 700 Kinderkamack Road Suite 205 (b) 700 Kinderkamack Road Suite 205
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

ORADELL, NJ 07649

ORADELL, NJ 07649

11/15/2013

L13000160638

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAKS COURT SUITE A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

(b) Corporation Service Company
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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.

Matthew Borella
Signature of a member or authorized representative of a member

Matthew Borella

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 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.

Melissa Zender
Signature of Registered Agent Corporation Service Company

BY:

Melissa Zender
Asst. Vice President

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

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA