140000 45683

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instruction	s to Filing Officer				
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2022 OCT 28 PM 3: 4

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A. BUTLER OCT 3 1 2022

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

CERTIFIED COPY
XX PLAIN STAMPED COPY

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 120000000	.95						
	REFERENCE	: 084684	8394623						
	AUTHORIZATION	- Lucy 18 Bl	? a. a						
	COST LIMIT	: \$/2500	man						
ORDER DATE :	October 28, 2022								
ORDER TIME :	2:45 PM								
ORDER NO. :	084684-162								
CUSTOMER NO:	8394623								
-									
CHANGE OF AGENT									
NAME: PEOPLE 2.0 NORTH AMERICA LLC									
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILI	NG:						

CONTACT PERSON: Eyliena Baker -- 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: PEOPLE 2.0 NC	ORTH AI	ME	RICA LLC	C	_
2	(a)		(I	h)			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (· ,		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		2520 Renaissance Blvd, Suite 130			2520 Rena	naissance Blvd, Suite 130	
		King of Prussia, PA 19406		_	King of Pru	russia, PA 19406	_
		03/19/2014		L	.14000045	5683	
3,		Date of filing/registration in Florida	4.		ı	Document number	
5.	(a)						
	()	Registered Agent and Registered Office shown on the records of t	the Florid	a D	ept. of State	e:	
		COGENCY GLOBAL INC.				: 2	
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRES:	S)		1000 F	
		115 NORTH CALHOUN ST SUITE 4				2022 OCT	
		TALLAHASSEE	SSEE 32301			28	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			ess:	AM 9: 26 OF STATE	
		NEW Registered Office Address:				_	
		1201 Hays Street					
						_	
		Tallahassee, FL	32301			_	
ch ag wa	ange ent w is/we e arti	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere bility co f the lim limited l	ed om nite lial	office and pany, it is ed liability bility comp	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.	ē
_		JILL CILMI ure of a member or authorized representative of a member	JILI			THORIZED PERSON Printed or typed name of signee	_
I i pro tho to	hereb ovisie obli mere	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have a change in the registered office address. I have a change in the registered of the change.	performe l for in (vereby co	an Che onj	this capac ce of my di apter 605, irm that th	ocity. I further goree to comply with the	ot H
Si	gnatur	e of Registered Agent	UNAC	مدا ،	L. IXIIXID T	I, ABST. VICETRESIDENT	