

L14000151515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

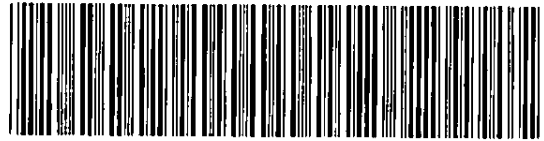
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

OCT - 6 2023

Office Use Only



300416565443

FILED
23 OCT -5 PM 12:26
TALLAHASSEE, FLORIDA

RECEIVED
2023 OCT -5 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

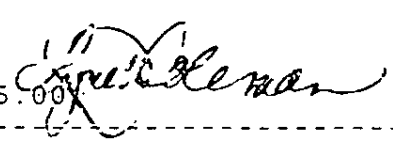
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 047305 8390544

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : October 5, 2023

ORDER TIME : 9:46 AM

ORDER NO. : 047305-005

CUSTOMER NO: 8390544

CHANGE OF AGENT

NAME: ACCUIRE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACCUIRE, 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:

KIRK M. FLAGG

Name of Person

EMPLOYINSURE, LLC

Firm/Company

2365 IRON POINT ROAD, SUITE 190

Address

FOLSOM, CA 95630

City/State and Zip Code

LEGAL@SAMUELHALE.COM

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

For further information concerning this matter, please call:

POLLIE PENT

209

256-6323

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**

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: ACCUIRE, LLC
2. (a) ACCUIRE, LLC
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
2365 IRON POINT ROAD, SUITE 190
FOLSOM, CA 95630
- (b) ACCUIRE LLC
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
2365 IRONS POINT ROAD, SUITE 190
FOLSOM, CA 95630
3. 9/29/2014 Date of filing/registration in Florida
4. L14000151515 Document number

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

CAPSERV, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2001 THOMASVILLE ROAD

TALLAHASSEE, FL 32308

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

FILED
23 OCT -5 PM 12:26
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.

[Signature]
Signature of a member or authorized representative of a member

KIRK M. FLAGG

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.

[Signature]
Signature of Registered Agent

Assistant Vice President

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

FILING FEE: \$25.00