116000189667

(F	Requestor's Name)	
(A	Address)	
(F	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions t	o Filing Officer:	

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Account#: 120000000088

Date:	03/02/2022			
Name:	Merritt Walker			
	nce #: 1595973	<u> </u>		
Entity N	lame: PLATIN	IUM-HR II, LLC		
	Articles of Incorporation/Authorization			
	Amendment			
V	✓ Change of Agent			
Reinstatement				
	Conversion			
☐ Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
	Other			
Authori	zed Amount: \$25			
Signatu	re:			

F: 800.944.6607



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Account#: I20000000088

Date: 03/02/2022	2		
Name: Merritt	Walker	_	
Reference #:1		_	
Entity Name: PLATINUM-HR II, LLC			
Articles of Incorporation	ation/Authorization	to Transact Business	
Amendment			
✓ Change of Agent			
Reinstatement			
Conversion			
☐ Merger			
☐ Dissolution/Withdrawal			
Fictitious Name			
Other			
Authorized Amount:	\$25		
Signature:			

F: +852.2682.9790

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.

(a)	2600 W. Geronimo Place, Suite 100	(b) 260	0 W. Geronimo Place, Suite 100
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Chandler, AZ 85224	Cha	ndler, AZ 85224
	October 13, 2016	-	L16000189567
	Date of filing/registration in Florida	4.	Document number
(a)	Corporation Service Company		
()	Registered Agent and Registered Office shown on the record	ls of the Florida Dept. o	of State:
	1201 Hays Street		2 ma
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	902 18AR - 2
	Tallahassee	. FL_32301-252	5
(b)	COGENCY GLOBAL INC.		Ş.
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office address;	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	. FL_32301	

/s/ Kara Childress	Kara Childress	
Signature of a member or authorized representative of a member	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 of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations P.O. Box 6327 Tallahassee. FL 32314
FILING FEE: \$25.00