17000211404

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Cenificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700342214767

2020 APR -3 AM 6: 39

AH 6: 39

151... 5-449

Y SULKER
AFR 0 6 2020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: April 03, 2020		Account#. 12000000000				
Name: KEN HC	WELL					
Reference #:	1206135					
Entity Name:	MATRIXO	NESOURCE PE	O III LLC			
Articles of Incorpor	ation/Authoriza	tion to Transact Busi	ness			
Amendment						
✓ Change of Agent			ISSUES? CALL			
Reinstatement			KEN:			
Conversion			518-213-0738			
Merger						
☐ Dissolution/Withdr	awal					
☐ Fictitious Name						
Other						
Authorized Amount:	\$25.00					
Signature:						

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.

i. :	Name of the limited liability company: MATRIXONESOURCE PEO III LLC						
2. (a	2000 M. Caranima Place, Suita 100		(b) 2600 W Geronimo Place, Suite 100				
(u)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(,		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Chandler, AZ 85224		Chandler	, AZ 85224			
	10/12/2017	 		0211404			
3.	Date of filing/registration in Florida	4.		Document number			
5. (
	Registered Agent and Registered Office shown on the records of 9016 PHILIPS HWY	the Florida	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	JACKSONVILLE, FI	32256		2020			
(b)	COGENCY GLOBAL INC.			7020 AF2 -3			
	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	ress:	<u>ن ٦</u>			
	115 North Calhoun St., Suite 4						
	NEW Registered Office Address:						
	Tallahassee	32301					
the cagen was/	e limited liability company is not organized under the lathange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regist lability cor of the limi	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in			
	Kara Childress	Kara	Childress				
I ho	nature of a member or authorized representative of a member reby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address. I	ree to act performa d for in C	in this cana	Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed			
пощ	ied in writing of this change.	nereby co.	ıyırm that ti	не итнеа навину сотрану паѕ веен			
	Tim Mayville nure of Registered Agent						
១ម្ចេច	Tim Mayville, Assistant Seci	retary		_			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00