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Account#: 120000000088

Date: April 03, 2020		Account#, 12000000000
Name: KEN HC	OWELL	
Reference #:	1206135	
Entity Name:	MATRIX	ONESOURCE PEO V LLC
Articles of Incorpo	ration/Authori	zation to Transact Business
Amendment		
✓ Change of Agent		ISSUES? CALL
Reinstatement	KEN:	
Conversion	518-213-0738	
☐ Merger		
Dissolution/Withdi	rawal	
☐ 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.

1. Na	ame of the limited liability company: MATRIXO	<u>NESO</u> l	JRCE P	EO V LLC		
2. (a)	2600 W Geronimo Place, Suite 100	(b)	(b) 2600 W Geronimo Place, Suite 100			
(117	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	_	Chandle	r, AZ 85224		
	10/12/2017		L1700	00211415		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	PINCKET, BRIAN					
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:		
	9016 PHILIPS HWY					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<u>)</u>			
	JACKSONVILLE , FI	32256				
(b)	COGENCY GLOBAL INC.	FIL EI				
,	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	<u>lress</u> :	#P 77		
	115 North Calhoun St., Suite 4			5 7		
	NEW Registered Office Address:			6: 39		
		20204		ς; •		
	Tallahassee, FL	_32301				
the cha agent was/w	limited liability company is not organized under the larging or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regis lability co of the lim	tered office mpany, it is ited liability	 and the business office of the registered s hereby confirmed that the change(s) company or as otherwise provided in 		
/s/ Kara Childress		Kara	Childress			
	nure of a member or authorized representative of a member			Printed or typed name of signee		
provis. the obj to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to act performo ed for in C hereby co	in this cape ance of my c hapter 605 onfirm that	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		
	im Mayville					
Signati	re of Registered Agent Tim Mayville, Assistant Sect	retary				

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