117000211525

·	(Requestor's Name)			
	(Address)			
	(Address)	<u> </u>		
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: April 03	3, 2020	Account#: 12000000008	
	OWELL		
Reference #:	1206135	<u> </u>	
Entity Name:		X PEO GROUP LLC	
Articles of Incorp	oration/Authorizati	on to Transact Business	
Amendment			
✓ Change of Agent		ICCUTES CALL	
Reinstatement		ISSUES? CALL KEN:	
☐ Conversion		518-213-0738	
Merger Merger			
☐ Dissolution/Witho	irawal		
☐ 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. N	ame of the limited liability company: MATRIX F	PEO GROUP	LLC	
2. (a)	2600 W Geronimo Place, Suite 100	(b) 2600 \	(b) 2600 W Geronimo Place, Suite 100	
2. ()	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	Chand	ler, AZ 85224	
	10/12/2017		7000211525	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records of	'the Florida Dept, of S	tate:	
	9016 PHILIPS HWY		_	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>addri;ss)</u>		
	JACKSONVILLE FI	32256	- 20 - 20	
(b)	COGENCY GLOBAL INC.		2020 AFS -3	
,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		
	115 North Calhoun St., Suite 4		AM F.,	
	NEW Registered Office Address:			
	Tallahassee, FI	_32301		
the cha agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered off lability company, i of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in	
	/s/ Kara Childress		ess	
Signa	nure of a member or authorized representative of a member		Printed or typed name of signee	
provis the obi to mer	hy accept the appointment as registered agent and agions 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 in this co performance of m ed for in Chapter 6 hereby confirm the	pacity. I further agree to comply with the y duties, and I am familiar with and occept 05, F.S. Or, if this document is being filed at the limited liability company has been	
/s/ Ti	im Mayville			
Signati	re of Registered Agent Tim Mayville, Assistant Sec	retary		

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

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