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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE **EXACTA WORKFORCE SOLUTIONS LLC**

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## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Exacta Workforce Solutions LLC

Name of Limited Liability Company

Dear Sir or Madam:

INHS18 (2/14)

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future and For further information concerning this matter,	
Mary Castillo  Name of Person	at ()  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	
□ \$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.

Name	of the limited liability company: Exacta W		force Solutions LLC
	828 FOREST LANE	(b)	2828 FOREST LANE
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
#	2400		#2400
Ī	DALLAS, TX 75234	-	DALLAS, TX 75234
1	1/2/2017		L17000227241
3.	Date of filing/registration in Florida	4.	Document number
5. (a) L	INIVERSAL REGISTERED AG	ENT:	S, INC.
Re	gistered Agent and Registered Office shown on the records of th	e Florida	a Dept. of State:
_1	317 CALIFORNIA ST.		200
Re	egistered Office Address (MUST BE FLORIDA STREET A	DDRESS	2020 HAY
_			
٦	TALLAHASSEE , FL.	3230	
(b) F	Registered Agent Solutions,	Inc.	ddress:
En	iter name of NEW Registered Agent and/or NEW Registered	Office ad	ddress:
<u></u>	155 Office Plaza Dr.		
	EW Registered Office Address:		
-	Suite A		
<u>-</u>	Tallahassee, FL	323	01
the chang agent wil	ited liability company is not organized under the law ge or changes are made, the Florida street address of I be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of es of organization or the operating agreement of the	the regi bility co f the lin limited	company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in

/s/	Michael	Terkanian
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Michael Terkanian

**Authorized Representative** 

Signature of a member or authorized representative of a member

Printed or typed name of signce

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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent