L18000048157

(Re	questor's Name)				
(Ad	dress)				
bA)	dress)				
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
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000395805350

ALLAHASSEE, FLOR

MECEIVED

a Colabo

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 08#684 8394623

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: October 28, 2022

ORDER TIME : 2:45 PM

ORDER NO. : 084684-106

CUSTOMER NO: 8394623

CHANGE OF AGENT

NAME: PEOPLE 2.0 GLOBAL SERVICES,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

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: PEOPLE 2.0 C	GLOBAL	SE	RVICES,	LLC	
2. (a)			(h)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	1	Mailing address of lim	ited liability company; OST OFFICE BOX)
	2520 Renaissance Blvd, Suite 130			2520 Ren	aissance Blvd, Su	ite 130
	King of Prussia, PA 19406	King of Prussia, PA 19406				
	02/22/2018			L18000048	3157	
3.	Date of filing/registration in Florida	4.	_		Document numbe	r
5. (a)						
(-/	Registered Agent and Registered Office shown on the records of	of the Flori	da I	Dept. of State	- ::	
	COGENCY GLOBAL INC.					m'
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	20/2
	115 NORTH CALHOUN ST SUITE 4					, - ,
	TALLAHASSEE	., 32301			-	2 8
	, r	· l.,				
(b)						
(~)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ıddı	ress:		5: S
						.[-
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street			.		
	Tallahassee	., 32301				
	r	L.,				
If the li	mited liability company is not organized under the la or changes are made, the Florida street address of th	aws of th	e S	tate of Flo	rida, it is hereby c	onfirmed that after the
agent w	fill be identical. Or, in the case of a Florida limited I	iability c	om	pany, it is	hereby confirmed	that the change(s)
was/we	re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the lin	mit	ed liability	company or as of	herwise provided in
	JILL CILMI				runy. FHORIZED PERS	ON
Signat	Signature of a member or authorized representative of a member			Printed or typed name of signee		
he obli o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address. It in writing of this change.	e perforn ed for in hereby c	ian Ch :onj	ce of my d apter 605, firm that th	uties, and I am far F.S. Or, if this do he limited liability	niliar with and accept ocument is being filed company has been
	Inaco Cokuble	GRAC	CE	E. KIRBY	, ASST. VICE PR	ESIDENT
Signatur	e of Registered Agent					