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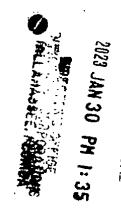
(Requestor's Name)						
· · · · · · · · · · · · · · · · · · ·						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Sasiness Entity Name)						
(Document Number)						
red Copies Certificates of Status						
·						
reral Instructions to Filing Officer:						
TANE						
J. HORNE						
J. HORNE JAN 3 1 2023						
JVu 2						

Office Use Only



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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/30/2023	<del>_</del>		⇔WALK IN*
Dimension Clien	ITS FIRST PEO GRO	NUP LLC	WALK IN
ENTITY NAME_CLICITY	VISTINGT LO GIVE	701 , LLO	
DOCUMENT NUMBER			
	**PLEASE FILE TI	HE ATTACHED AND RETURN**	
XXXXX	Plaix Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good St		
	**APOSTILLE' / I	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINA	<del></del>		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$25		ACCOUNT #: I2016000007	2
		E. 8 7/10	
Please call Tina at i	the above number for	any issues or concerns. Thank you se	o mach!

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: CLIENTS FIRST PEO G	GROUP, LLC.				
Nam	e of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
Gloria Lee					
Name of Person					
Harbor Compliance					
Firm/Company					
1830 Colonial Village Lane					
Address					
Lancaster PA 17601					
City/State and Zip Code					
professional@harborcomplianc	e.com				
E-mail address: (to be used for future annu	ual report notification)				
For further information concerning this matter,	please call:				
Gloria Lee	at (717 ) 9469059				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

## 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: CLIENTS	FIRST	Γ	PEO G	GROUP, LLC.
2. (a)	3909 WEST INMAN AVENUE	(1	(b) 3909 WEST INMAN AVENUE		
( <u></u> ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Hailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	TAMPA, FL 33609		-	TAMPA	, FL 33609
	01/25/2022	_ <del>_</del>	_ _l	_22000	045786
3.	Date of filing/registration in Florida	4.			Document number
5. (a)					
	Registered Agent and Registered Office shown on the records of	the Florida	a D	ept. of State	:
	3909 WEST INMAN AVENUE				
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	<u>S)</u>		_
(b)	TAMPA FI	33609	)		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	d Office ad	ldr	<u>:ss</u> :	12 Se W 20 20 20 20 20 20 20 20 20 20 20 20 20
	NEW Registered Office Address:				~ <u>~</u>
	STE 300				69
	St. Petersburg FI	3370	2		• •
the cha agent v was/we the art	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 of icles of organization or the operating agreement of the last Don Tu	f the regi: iability co of the lim	ste om nite lia	red office pany, it is ed liability bility com	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.
			_		Printed or typed name of signee
I here provisi the oblice meri notified	by 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 dim writing of this change.  Bill Havre - Assistar				ncity. 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

Signature of Registered Agent