## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

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

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

| Email Address: |
|----------------|
|                |

## LLC REGISTERED AGENT CHANGE UNIVERSAL RECRUITING LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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## COVER LETTER

| то:      | Registration Section Division of Corporations  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|
| SUBJE    | Universal Recruiting LLC   | C: Universal Recruiting LLC  Name of Limited Liability Company |  |  |  |  |  |
|          |  |  |  |  |  |  |  |
| Dear Si  | r or Madam;  |  |  |  |  |  |  |
| The end  | closed Registered Agent/Registered Off   | fice Change :  | and fee(s) are submitted for filing.   |  |  |  |  |
| Please 1 | return all correspondence concerning th  | nis matter to  | the following:   |  |  |  |  |
| Mary C   | astillo  |  |  |  |  |  |  |
|          | Name of Person   |  | <del></del>  |  |  |  |  |
| Registe  | red Agent Solutions, Inc.  |  |  |  |  |  |  |
|          | Firm/Company   |  |  |  |  |  |  |
| Corpora  | ite Center One, 5301 Southwest Pkwy, Ste   | 400  |  |  |  |  |  |
|          | Address  |  |  |  |  |  |  |
| Austin,  | TX 78735   |  |  |  |  |  |  |
|          | City/State and Zip Code  |  |  |  |  |  |  |
| E        | -mail address: (to be used for future and  | nual report n  | otification)   |  |  |  |  |
| For furt | her information concerning this matter.  | , please call:   |  |  |  |  |  |
| Mary C   | astillo  | 888<br>at (  |  |  |  |  |  |
|          | Name of Person   |  | Area Code & Daytime Telephone Number   |  |  |  |  |
|          | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |  |  |
|          | Enclosed is a check for the following  | g amount:  |  |  |  |  |  |
|          | □ \$25 Filing Fee  |  | \$55 Filing Fee & Certified Copy   |  |  |  |  |

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## 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.

| 2. (a)                      | lame of the limited liability company: Oliversal Recruiding 1000 5TH STREET, STE, 200  |  | (b) 1000 5TH STREET, STE. 200                          |  |   |
|-----------------------------|--|--|--|--|---|
|                             | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)   |  | (0)  | Mailing address of limited liability (Note: MAY BE POST OFFIC  |   |
|                             | MIAMI BEACH, FL 33139  |  | MIAM   | MI BEACH, FL 33139   |   |
|                             | 01/26/2022   |  | 1,220000   | 00060786   |   |
| 3.<br>5. (a)                | Date of filing/registration in Florida<br>CORPORATE CREATIONS NETWORK  | 4.   |  | Document number  |   |
| ,,                          | Registered Agent and Registered Office shown on the records of 801 US HIGHWAY 1  | f the Flor                                 | ida Dept. of :   | of State:  |   |
|                             | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |  |  |  |   |
|                             | NORTH PALM BEACH , F   | L_33401                                    |  | -  | 7023 AFR  |
| (b)                         | Registered Agent Solutions, Inc.   |  |  | · ·  | 도<br>28 - 구구  |
|                             | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | d Office                                   | address.   |  | D   |
|                             | 2894 Remington Green Ln.   |  |  |  | .::<br>№  |
|                             | <u>NEW</u> Registered Office Address:<br>Ste. A  |  |  |  | ယ<br>ယ  |
|                             | Tallahassee, F   | L_32308                                    |  |  |   |
| hange<br>igent w<br>vas/we  | mited liability company is not organized under the la<br>or changes are made, the Florida street address of the<br>fill be identical. Or, in the case of a Florida limited I<br>are authorized by an affirmative vote of the members<br>cles of organization or the operating agreement of the | iws of the registe iability of the li      | ne State of<br>ered office<br>company, i<br>mited liab | ce and the business office of the re<br>t, it is hereby confirmed that the cability company or as otherwise p  | egistered<br>hange(s)                                   |
| /s/                         | Mica Smith   | M  | ica Smith  | Authorized S   | igner   |
| Signat                      | ure of a member or authorized representative of a member   | _  |  | Printed or typed name of signee  |   |
| rovisi<br>he obli<br>o mere | by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provided reflect a change in the registered office address. I I'm writing of this change.   | ree to a<br>perfori<br>ed for in<br>hereby | ct in this c<br>nance of n<br>Chapter t<br>confirm th  | capacity. I further agree to com<br>I my duties, and I am familiar with<br>I 605, F.S. Or, if this document is<br>that the limited liability company | oly with the<br>rand accept<br>rheing filed<br>has been |

Mackenzie Hibler, Asst. Secretary

Signature of Registered Agent