2000159880

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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2023 SEP 29 PM 2: 52023 SEP 29 PH 4: 17



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	09/29/2023	
	Juliana	_
	e #: 2128432	_
	me: APPLIED	STAFFING LLC
☐ Arti	icles of Incorporation/Authorization	to Transact Business
Am	endment	
✓ Chai	ange of Agent	
☐ Rei	instatement	
Co	nversion	
□ Ме	rger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorized	d Amount: \$25.00	

F: 800.944.6607

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	Name of the limited liability company: APPLIED STAFFING LLC					
2. (a)			(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	No Change		<u> </u>	No Change		
	April 4, 2022			L22000159880		
3.	Date of filing/registration in	Florida	4.	Document number		
5. (a)	Jeffrey Totty					
(41)	Registered Agent and Registered Office shows	n on the records of	the Florida D	cept, of State:		
	3020 Hartley Road					
	Registered Office Address (MUST BE FL	ORIDA STREET	ADDRESS)			
	Suite 300			Ac S		
	Jacksonville	, F)	32257	FILED 29 PH 2: 52 2023 SEP 29 PH 2: 52 TALLAHASSEE, FLORID TALLAHASSEE, FLORID		
(b)	COGENCY GLOBAL INC.			SEP 29 PI		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
	115 North Calhoun St., Suite 4			2: 52 Lorin		
	NEW Registered Office Address:					
	-					
	Tallahassee	FI	32301			

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Blake Odom

Blake Odom Authorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

/s/ Timothy Mayville

Signature of Registered Agent

Timothy Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00