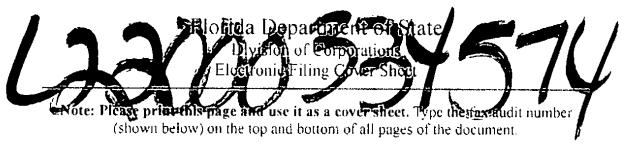
2/17/23, 9:31 AM

Division of Corporations



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Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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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FE3 20 2,23

To:

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.

. Na	me of the limited liability company: ACS Talent Acquis	itions	LLC				
. (a)	10501 SW 87 CT			01 SW	87 CT		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	· · · · · · · · · · · · · · · · · · ·	.\	•		l liability company: "OFFICE BOX"
	MIAMI, FL 33186	<u>-</u>	MIA	AMI, FI	L 33186		
	07/28/2022		L2200	003345	74		
, , (a)	Date of filing/registration in Florida CHRISTOPHER JORGE	4.			Document nur	nber	
, (4)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State 10501 SW 87 CT				::		
	Registered Office Address (MUST BE FLORIDA STREET AL	<u>ODRE.</u>	<u>SS)</u>			Ta	2023 FFR
(b) _	MIAMI , FL	3186					ارت
	C.T.Corporation System						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					AH 13: 44	
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Plantation FL 3.	3324					
ic cha gent w as/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab Authorized Representative	he reg ility o the li mited	distered compan mited l	office iv, it is iability ty com	and the busing hereby confined company or a spany.	ess off med th	fice of the registere nat the change(s)
ELL_ Signat	of a member or authorized representative of a member			- E	Printed or typed	name of	l'signee
rovisi ne obli o mere otifnec	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete period of the proper and complete period of the provided of the change in the registered office address. I he is the proper and this change. C.T. Corporation System C.T. Corporation System CAL CHERICK ASSISTANT SECRETARY	e to a erfor för in reby	ct in thi mance i Chapt confirm	is cape of my o er 605 1 that t	icity. I further hujes, and I an , F.S. Or, if th he limited liab	agree n famu is doct oility co	e to comply with the liar with and accept ument is being filed ompany has been

Signature of Registered Agent