

100000002446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

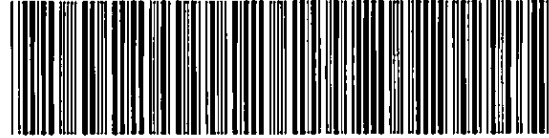
(Business Entity Name)

(Document Number)

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RECEIVED  
2020 JAN 21 PM 2:21  
FLORIDA

RECEIVED  
2021 JAN 21 AM 8:45  
OFFICE OF THE CLERK OF THE SUPREME COURT  
TALLAHASSEE, FL

SLIP KEET

JAN 21 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 631028 4344656

AUTHORIZATION : *Paul Aleman*

COST LIMIT : \$ ~~35.00~~ 25.

ORDER DATE : January 21, 2021

ORDER TIME : 11:55 AM

ORDER NO. : 631028-015

CUSTOMER NO: 4344656

CHANGE OF AGENT

NAME: C/S GROUP PAYROLL SERVICES  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: \_\_\_\_\_



**RESUBMIT**

Please give original  
submission date as file date.

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2021

CSC

SUBJECT: C/S GROUP PAYROLL SERVICES LLC  
Ref. Number: M00000002446

We have received your document for C/S GROUP PAYROLL SERVICES LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 721A00001432

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C/S Group Payroll Services LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer L. Gara

Name of Person

Construction Specialists Inc

Firm/Company

3 Werner Way

Address

Lebanon, NJ 08833

City/State and Zip Code

jgara@c-sgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer L. Gara

Name of Person

at (908) 849-4067

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 amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: CIS GROUP Payroll Services LLC

2. (a) 3 Werner Way (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Lebanon, NJ 08833

3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ Document number

5. (a) David Thomson

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5450 NW 33rd Ave Ste 110

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Lauderdale, FL 33309

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Services Company

**NEW Registered Office Address:**

1201 Hays Street

Tallahassee, FL 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.

Jennifer L. Gara  
Signature of a member or authorized representative of a member

Jennifer L. Gara  
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.*

\_\_\_\_\_  
Signature of Registered Agent

Amanda E. Plummer  
For each Public Officer, Secretary, or Treasurer

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
**FILING FEE: \$25.00**