Division of Corporation

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Erona

Account Name : C T CORFORATION SYSTEM

Account Number : FCACOJOCO023 Phone : (954,209-0845 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.

Email Address:

LLC REGISTERED AGENT CHANGE STAFFMARK INVESTMENT LLC

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JAN 23 2023 A LUNT

Electronic Filing Menu — Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ursnant to the provisions of sections 605,0114 or 605,0116. Florida Statutes, the undersigned limited liability company ibmus the following statement in order to change its registered office or registered agent, or both, in the State of forda.

| (a) | 201 E 4th Street | (t | 201 E 4th | Street |
|------------------------------|--|---|---|---|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (<u>Note: M-4YBE POST OFFICE BOX</u>) |
| | Suite \$00 | | Suite 800 | |
| | Cincinnati, OH 45202 | | Cincinnati | OH 45202 |
| | 12/05/2000 | | M000000002 | 47[|
| | Date of filing/registration in Florida | | | Document number |
| (a) | CORPORATION SERVICE COMPANY | | | |
| | Registered Agent and Registered Office shown on the records of 1201 HAYS STREET | f the Florida | Dept. of State | e: |
| | Registered Office Address | ADDRESS | 2 | - |
| | TALLAHASSEE | 32301-2 | 525 | 2023 JAN |
| | , FI | · <u></u> | | J A |
| (b) | C T Corporation System | | | ¥20 |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | ** *** | |
| | | | | AH 11: 27 |
| | NEW Registered Office Address: | <u> </u> | | 2 |
| | - | | | ~ |
| | 1200 South Pine Island Road | | | - |
| | | 33324 | | |
| cha: at w s/we | 1200 South Pine Island Road | ws of the f the regis ability co of the lim | tered office mpany, it is ited liability | and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in |
| cha: at w s/we arti | Plantation | ws of the f the regis ability co of the lim c limited b | tered office mpany, it is ited liability iability con | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in ipany. OWENS, MANAGER |
| cha at w s/we artic | Plantation | ws of the f the regis ability co of the limited I | tered office mpany, it is ited fiability iability con IBERLY BC | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. DWENS, MANAGER Printed or typed name of signee |

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