(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
(00)	cument Number)			
Certified Copies	Certificates	s of Status		
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Special Instructions to Filing Officer:				
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Q. SILAS				
Q. SILAS JUN 09 2022				

Office Use Only



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

Account#: 120000000088

Date:	06/08/2022	
Name:	Merritt Walker	
Reference	#:1684873	
Entity Nam	e: EMPLOYER ADMINISTRATION	SERVICES INTERNATIONAL, LLC
∐ Artic	cles of Incorporation/Authorization to	Transact Business
Ame	endment	
✓ Cha	nge of Agent	
Rein	nstatement	
Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
Ficti	tious Name	
Othe	er	······································
Authorized	Amount: \$25	
Signature:		

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	ame of the limited liability company: EMPLOYER A	ADMINIS	TRATION	SERVICES INTERNATIONAL, LLC	
2. (a)	2600 W. Geronimo Place Suite 100	(t	(b) 2600 W. Geronimo Place Suite 100		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Chandler, AZ 85224		Chandl	er, AZ 85224	
,	3/16/2006	-	M0600	0001961	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)				_	
	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of Su	ate:	
	86 Commerce Street			_	
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	2	S S	
				- TACR	
	Apalachicola F	ı <u>. 3232(</u>)	LAH	
(b)	COGENCY GLOBAL INC.			JUN -8 PH CRETARY OF ALLAHASSEE	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:		
	115 North Calhoun St., Suite 4			5: 3:) STATE	
	NEW Registered Office Address:	_			
		 -		_	
	Tallahassee . F	_{I.} 32301			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist iability ector of the lim	stered officements of the state	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
	Kara Childress	Ka	ra Child	ress	
	ature of a member or authorized representative of a member			Printed or typed name of signee	
I here provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide why reflect a change in the registered office address, I d in writing of this change	gree to act c perform ed for in C hereby co	in this ca ance of my hapter 60 onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or. if this document is being filed the limited liability company has been	

/s/ Timothy Mayville
Signature of Registered Agent