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(Requestor's N	ame)
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(Address)	
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(City/State/Zip/	Phone #1
(511), 541.0, 21,	. Hollo //
PICK-UP WA	T MAIL
(Business Enti	ty Name)
(Document Nu	mber)
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c.L. 15



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: March 30, 2015

Order#: 555267-001

Re: HIRE DYNAMICS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

*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.

	ADAE CATELLITE DI VIDI	TE OOO	<i>(</i> 1.)			
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	DULUTH	G/ 30097				
	11/30/2009		MO	900004664		
3.	Date of filing/reg	istration in Florida	4.	Document number		
<i>5 (</i> .	a) CT CORPORATION S	VSTEM				
5. (a	Registered Agent and Registere		of the Florida Dept	of State:		
	1200 SOUTH PINE ISL		·		9	
	Registered Office Address		ET ADDRESS)		5 YES	
	registered o moo manage				APR	
						
	PLANTATION		FL 33324		- 254h	
					PH APPLE	
(b)	Corporation Service Con	npany			2: 0	
	Enter name of NEW Registere	d Agent and/or NEW Registe	red Office address:		99	
	1201 Hays Street			· · · · · · · · · · · · · · · · · · ·	•	
	NEW Registered Office Addre	:ss:				
	Tallahassee	_	FL 32301			
the c agen was/	hange or changes are made, t will be identical. Or, in the	the Florida street address e case of a Florida limited native vote of the membe	s of the registered I liability compars of the limited the limited liabil	e of Florida, it is hereby confided office and the business officeny, it is hereby confirmed that liability company or as other ity company. iebe, Authorized Person	ce of the registered at the change(s)	
Sig	nature of a member or accordance of	epresentative of a member		Printed or typed name of	signee	
prov the o to m	reby accept the appointment isions of all statutes relative ibligations of my position as erely reflect a change in the led in writing of this change	to the proper and compl registered agent as prov registered office address	agree to act in the ete performance ided for in Chap , I hereby confir	his capacity. I further agree of my duties, and I am famili ter 605, F.S. Or, if this docu m that the limited liability co	to comply with the iar with and accep ment is being filed mpany has been	
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