(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer: Name is not shaving in the System.							

Office Use Only



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APR - 6 2023

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

ACCOUNT NO. : 12000000195 REFERENCE : 6101/43 6171812276							
AUTHORIZATION :							
COST LIMIT : \$ 25.00							
ORDER DATE: March 28, 2023							
ORDER TIME : 8:43 AM							
ORDER NO. : 616743-008							
CUSTOMER NO: 7772276							
CHANGE OF AGENT							
NAME: GLOBAL WORKPLACE SOLUTIONS, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland-sorenson							
EXAMINER'S INITIALS:							

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.	Na	me of the limited liability company:	Cross R	eference name:	Global Workplace Solutions, L	.LC		
2 (a)			(h)				
۷. ر	ω,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		9823 CINCINNATI-DAYTON ROAD	9823 CINCINNATI-DAYTON ROAD					
		WEST CHESTER, OH 45069	<u> </u>	WEST CHESTER, OH 45069				
		02/04/2011	M1100000	0000563				
3.		Date of filing/registration in Florida	4.		Document number			
5 /	(e)							
5. (a)	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State INCORP SERVICES, INC.			- e:	2023 HAR 3 I	. j	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	AR.	- V	
		3458 LAKESHORE DRIVE				<u> </u>	•	
		TALLAHASSEE, FI	32312	!	_	PH 12: 4	ا ا آ	
						2: 4		
(b) ,	E A CANDIN DATA A A A A AND AND A A A A A A A A A A A			_			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:							
		Corporation Service Company						
		NEW Registered Office Address:			_			
		1201 Hays Street			_			
					_			
		Tallahassee	32301		_			
char agen was/	ige it w we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	registe ability of of the li	red office and company, it is mited liability	d the business office of the s hereby confirmed that the y company or as otherwise	e registere ne change(ed s)	
		JILL CILMI	Jil	l Cilmi, Autho	orized Person			
	•	ure of a member or authorized representative of a member			Printed or typed name of sign			
I he prov the c to m notif	reb isio bli ere lied	y accept the appointment as registered agent and agr ons of all statules relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I i in writing of this change.	ree to ac perform d for in hereby	ct in this cape nance of my c Chapter 605 confirm that i	acity. I further agree to co duties, and I am familiar v , F.S. Or, if this documen the limited liability compa	omply with vith and a it is being my has be	h the ccept filed en	
					, ASST. VICE PRESIDE			