M13000005687

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A. BUTLER NOV - 3 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I2000000195				
	REFERENCE	:					
	AUTHORIZATION	:	Synelloceman				
	COST LIMIT	:					
ORDER DATE :	October 24, 2022						
ORDER TIME :	9:37 AM						
ORDER NO. :	071737-138						
CUSTOMER NO:	7428498						
			.				
CHANGE OF AGENT							
MAND			•				
NAME:	EMPLOYBRIDGE,	יוין	•				
DI ENCE DETIIDN	THE FOLLOWING AS	חחל	OOR OR EILING.				
		PRC	OF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON	: Alexxis Weilar	nd					

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.	Name of the limited liability company: EMPLOYBRI	IDGE, LLC	_222,
2. (a	1040 Crown Pointe Parkway, Suite 1040		
(.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Atlanta, GA 30338		
	09/10/2013	M130	000005687
3.	Date of filing/registration in Florida	4.	Document number
5. (Corporate Creations Network Inc.		
<i>J</i> . (Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	801 US Highway 1		202 T
	Registered Office Address (MUST BE FLORIDA STREE	ZOZZ NOV -	
	North Palm Beach , I	FL33408	
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporation Service Company	ed Office address:	8: 07 ST/7F F. f
	NEW Registered Office Address:	· ·	
	1201 Hays Street		
	Tallahassee, i	FL	
chan; ageni was/v	e limited liability company is not organized under the lege or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	ne registered offi liability compan s of the limited li	ice and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in
	Gearoid Moore	Gearoid N	Moore, Authorized Person
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi he o o me	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, le ed in writing of this change.	le performance o led for in Chapte I hereby confirm	of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
	(PI, M X PW '	•	rvice Company
Signa	ture of Registered Agent	amı w. Casper	, Asst. Vice President