M14000000163

(Requestor's Name)				
(Address)				
(Address)				
(, 123, 233)				
	(C.) (D) (C.)			
(City/State/Zip/Phone #)				
PICK-UF	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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A. BUTLER AUG 2 6 2022

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

ACCOUNT NO. : I2000000195					
REFERENCE : 894507 8385795					
AUTHORIZATION: Synellial man					
COST LIMIT : \$ 25.00					
ORDER DATE : August 19, 2022					
ORDER TIME : 9:48 AM					
ORDER NO. : 894507-015					
CUSTOMER NO: 8385795					
CHANGE OF AGENT					
NAME: EMPLOYER SOLUTIONS STAFFING GROUP II, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					
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. N	ame of the limited liability company: EMPLOYER SO	DLUTIONS STAI	FFING GROUP II, LLC	
2. (a)	7480 Flying Cloud Drive Suite 200	7480	(b) 7480 Flying Cloud Drive Suite 200 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		
	Eden Prairie, MN 55344	Eder	n Prairie, MN 55344	
	12/26/2013	M1400	0000163	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State COGENCY GLOBAL INC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 115 NORTH CALHOUN STREET SUITE 4		2022 AUG 25	
	TALLAHASSEE	32301	AMII: 01	
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office address:		
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee FI	32301		
change agent was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered office ability company, of the limited lia	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
/s/Jil	ł Cilmi	Jill Cilmi, A	uthorized Person	
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the obi to mer	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I din writing of this change	performance of	my duties, and I am familiar with and accept	
Signati	are of Registered Agent	Grace E. Kirby	y. Asst. Vice President	

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