## M14000003098

(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:						

Office Use Only



800300128298

08/18/1?~-01920--007 \*\*25.00

2017 JUN 16 PM 12: 16
SEUNETARY OF STATE
JATE AHASSEE, FLORID/

6 PM 12: 16

K. SALY JUN 2 0 2017



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: June 14, 2017

Order#: 680941-024

Re: HUMAN CAPITAL SELECT, 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.

 $XX_{\underline{}}$  Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Marissa Rather-lopez 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.

1. N	ame of the limited liability	company: HUMAN CAPI	TAL SELE	CT, LLC		
2. (a)	2680 S. Val Vista Drive		(b	(b) 5930 Cornerstone Ct West		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 152			Suite 30	0	
	Gilbert	AZ 85295		San Die	go, CA 92121	
	05/06/2014		<del></del> .	M140000	003098	
3.	Date of filing/reg	gistration in Florida	4.		Document number	
5. (a)	CT Corporation System	າາ			_	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	1200 South Pine Island	Road			_	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	
					20	
	Plantation	F	133324		FILED 2017 JUN 16 PM R SECRETARY OF ST TALLAHASSEE. FI	
(b)	Corporation Service Cor	mpany			ART ART	
		ed Agent and/or NEW Registere	d Office ad	dress:	TO B	
	1201 Hays Street				SEC. FLORIDO	
	NEW Registered Office Address:					
	Tellebrases		22204		_	
	Tallahassee	F	1. 32301		_	
the ch agent was/w	ange or changes are made, will be identical. Or, in the ere authorized by an affirm	the Florida street address ( e case of a Florida limited	of the regi: liability co of the lim e limited l	stered offic ompany, it lited liabili iability co	lorida, it is hereby confirmed that after be and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. orized Person	
Sign	atup of a member or authorized	representative of a member	3111 (	Jiirii, Autii	Printed or typed name of signee	
I hero provis the of to me notific	chy accept the appointmentions of all statutes relative digations of my position as rely reflect a change in the ed in writing of this change	t as registered agent and age to the proper and complet registered agent as provid registered office address.	te perform led for in ( I hereby co	ance of my Thapter 60 onfirm that	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 irby, Asst. Vice President	
~		co dempary	D (227			