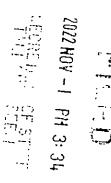
M14000005934

| (Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | | | | |
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| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Requestor's Name) | | | | |
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Office Use Only



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RECEIVED

2022 NOV - I AM II: 09

A BUTLER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : 071737 7428498 | | | | | | |
| AUTHORIZATION : | | | | | | |
| COST LIMIT : 5725.00 | | | | | | |
| ORDER DATE: October 24, 2022 | | | | | | |
| ORDER TIME : 9:38 AM | | | | | | |
| ORDER NO. : 071737-273 | | | | | | |
| CUSTOMER NO: 7428498 | | | | | | |
| | | | | | | |
| CHANGE OF AGENT | | | | | | |
| | | | | | | |
| NAME: REMEDY INTELLIGENT STAFFING, 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: REMEDY INTEL | LIGEN | T STAFFING | G, LLC |
|-------------------------------|--|----------------------------------|--|---|
| 2. (a) | 1040 Crown Pointe Parkway, Suite 1040 | (1 | o) | |
| Σ. (α) | 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 | _ | | |
| | 08/19/2014 | | M1400000 | 5934 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | Corporate Creations Network Inc. | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | 202 |
| | 801 US Highway 1 | | | 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS | <u> </u> | 2022 HOV -1 |
| | North Palm Beach , FL_ | 33408 | | OF STATE |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> Corporation Service Company | Office ad | dress: | |
| | NEW Registered Office Address: | - | | |
| | 1201 Hays Street | | | |
| | Tallahassee, FL | 32301 | | |
| change agent v was/we | imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | egistere pility co the lim | d office and mpany, it is ited liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| | aroid Moore | Gea | roid Moore, | Authorized Person |
| Signat | ture of a member or authorized representative of a member | | | Printed or typed name of signee |
| provisio he obli o mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided p By reflect a change in the registered office address, I he I in writing of this change. | erforma for in C creby co | mce of my d hapter 605, nfirm that th | uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been |
| | $($ $\hat{\rho}_{1}, \hat{M}, \hat{X}, \hat{\rho}_{1}\hat{X})$ | • | on Service (| • • |
| Signatu | re of Registered Agent | 11 IVI. C | asper, ASSI | . Vice President |