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Account#: 120000000088

Date: January 13, 2021	Account#. 12000000000
Name: KEN HOWELL	
Reference #:1309715	
Entity Name: PATHGOAL EMPLOYER	SERVICES, LLC
Articles of Incorporation/Authorization to Transac	t Business
☐ Amendment	
✓ Change of Agent	ISSUES? CALL
Reinstatement	KEN:
Conversion	518-213-0738
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	<u></u>
Authorized Amount: \$25.00	
Signature:	

-1.212.947.7200

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.

3100	0 Smoketree Court, Suite 900		(b) 3100 Smoketree Court, Suite 900			
	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
Ral	eigh. NC 27604	R;	aleigh, NC 27604			
—— May	17, 2016		M16000	00399	95	·
	Date of filing/registration in Florida	4.	Document nu	mber		•
nR.	Al Services, Inc.					
	tered Agent and Registered Office shown on the reco	ords of the Florida Dep	я, of State:			
120	00 South Pine Island Road					
Regis	stered Office Address (MUST BE FLORIDA ST	REET ADDRESS)				
Pla	antation	33324		. ·	2021	
	entation GENCY GLOBAL INC.	33324			2021 JAH	
, <u>CO</u>			<u>Y</u> :		2021 JAH 13	7 A
) CO	GENCY GLOBAL INC.		<u>>:</u>	/3388V11777	2021 JAH 13 AM 8:	
CO(Enter	GENCY GLOBAL INC. name of NEW Registered Agent and/or NEW Reg		Σ:	THE STATE OF STATE	2021 JAH 13 AM 8: 32	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the royisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept be obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed a merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been officed in writing of this change.

Printed or typed name of signee

ignature of Registered Agent

Signature of a member or authorized representative of a member

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00