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(Re	questor's Name)						
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PICK-UP	☐ WAIT	MAIL					
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Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							
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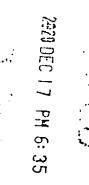




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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 15, 2020

Order#: 544755-061

Re: SURTERRA STAFFING, LLC

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive 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.

OUCA.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. Na	ame of the limited liability company:	TAFFIN	G, L	.LC				
2. (a)	55 IVAN ALLEN JR BLVD NW, STE 900		(b)	2203 N L	ois Ave M275			
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of l (Note: MAY BE			-
	ATLANTA, GA 30308	_ <del>_</del>	-	Tampa, F	FL 33607			
	08/04/2016		M	11600000	6237			
3.	Date of filing/registration in Florida	4.			Document num	ber	•	
5. (a)	C T CORPORATION SYSTEM				_			
- (-)	Registered Agent and Registered Office shown on the records of	of the Flori	ida D	Pept. of Stat	e:			
	1200 SOUTH PINE ISLAND ROAD				_			
	Registered Office Address (MUST BE FLORIDA STREE)	<u>T ADDRE</u>	<u>33)</u>					
	PLANTATION, F	.L 33324	ļ		<b>-</b> -			
							1535	
(b) <sub>.</sub>	Enter name of NEW Registered Agent and/or NEW Registered	ed Office :	addr	····	<del>_</del>	٠.	ken dec 17	• •
	Enter name of NEW Registered Agent and of New Registers	tu omet		<u> </u>				
	Corporation Service Company						7 PH	: .
	NEW Registered Office Address:				_	· •		<del>به به</del> می ده
	1201 Hays Street				_	•	6: 35	
	Tallahassee	32301	1					
	, F	L			_		•	
change agent v was/we	imited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registe liability ( s of the li	ered com imit	office an pany, it is ed liabilit	d the business ο s hereby confirπ y company or as	ffice of the ned that th	e register e change	ed (s)
	Xie E. Cienie			Jill Cilmi, Authorized Person				
I here provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, ad in writing of this change.  **Those Televice**  **Those Televice**	gree to a le perfori led for in I hereby	ect in man i Ch con	n this cape ace of my c apter 605 firm that	Printed or typed n acity. I further o duties, and I am i, F.S. Or, if this the limited liabi	agree to co	omply wi	th the accept g filed een
Signatu Grace	ire of Registered Agent E. Kriby, Asst. Vice President of Corporation Service Company							

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