MI700000 9095

(Requestor's Name)	<u> </u>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	,

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Office Use Only



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel Pietropolo rachael.pietropolo@cscglobal.com

Date: June 21, 2021

Order#: 871349-006

Re: G FORCE EMPLOYMENT PROFESSIONALS, LLC

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office. \underline{XX} Check in the amount of \$25.00.

Please take the following action:

<u>XX</u>	File in your office on a routine basis.
XX	Issue Proof of Filing.
XX	Please return evidence to the following:

Attn: Rachel Pietropolo

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.

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.

	Principal office address of limited liability company:		(b) Mailing address of limited liability company
	(<u>Note: MUST BE STREET ADDRESS</u>)		(Note: MAY BE POST OFFICE BOX)
	205 W WACKER DR, STE 515		205 W WACKER DR, STE 515
	CHICAGO, IL 60606		CHICAGO, IL 60606
	10/23/2017		M1700009095
	Date of filing/registration in Florida	4.	Document number
(a)			
	Registered Agent and Registered Office shown on the records	of the Flori	
	NORTHWEST REGISTERED AGENT LLC.		1021
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE	(22
	7901 4TH STREET N, SUITE 300		2021 JUH 23
	ST.PETERSBURG	2021 JUH 23 AH 7:51	
	, ·		2 AN 73
(b)	Enter name of NEW Registered Agent and/or NEW Register		7. 5
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office :	address:
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee		

Signature of a member or authorized representative of a member

Justin Meise, Authorized Person Printed or typed name of signee

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

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company

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