3/14/24, 10:42 AM

Division of Corporations

Florida Department of State Division of Corporations Electronic Hilling Gover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | |
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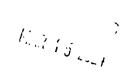
LLC REGISTERED AGENT CHANGE HIGHLAND TALENT SERVICES, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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INHS18 (2/14)

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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|--------------------------|---|----------------------------|--|--|--|--|--|
| SUBJE | Highland Talent Services | LLC | | | | | |
| | | Name of Limited | Liability Company | | | | |
| Dear S | ir or Madam: | | | | | | |
| The en | closed Registered Agent/Regi | stered Office Change an | d fee(s) are submitted for filing. | | | | |
| Please | return all correspondence con | cerning this matter to the | e following: | | | | |
| Mary C | Castillo | | | | | | |
| | Name of Per | rson | *************************************** | | | | |
| Registe | ered Agent Solutions, Inc. | | | | | | |
| | Firm/Compa | iny | oquama- | | | | |
| Corpora | ate Center One, 5301 Southwest | Pkwy, Ste 400 | | | | | |
| | Address | | | | | | |
| Austin, | TX 78735 | | | | | | |
| • | City/State and 2 | Cip Code | | | | | |
| E | -mail address; (to be used for | future annual report not | ification) | | | | |
| For fur | ther information concerning the | his matter, please call: | | | | | |
| Mary C | Castillo | 888 at (| 705-7274 | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | |
| | Mailing Address: Registration Section | | Street Address: Registration Section | | | | |
| Division of Corporations | | | Division of Corporations | | | | |
| P.O. Box 6327 | | | The Centre of Tallahassee | | | | |
| | Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303 | | | | |
| | Enclosed is a check for the | following amount: | | | | | |
| | ☐ \$25 Filing Fee | | \$55 Filing Fee & Certified Copy | | | | |

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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.

| I. Na | time of the limited liability company: Highland Talent \$ | Services. | LL | C | | | | | | |
|---|--|---|-----------------------------|---|---|--|----------------------------------|---|--|--|
| 2. (a) | 5885 LANDERBROOK DR STE 330 | | | (b) 5885 LANDERBROOK DR STE 330 | | | | | | |
| (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ' | · , _ | ٨ | tailing address (<u>Note: MA)</u> | | - | | | |
| | CLEVELAND, OH 44124 | | - | CLEVELA | ND, OH 441 | 24 | | | | |
| | 8/15/2018 | | M | 180000075 | 566 | | | | | |
| 3, | Date of filing/registration in Florida | - 4. | | · <u></u> , <u></u> , | Document r | number | | | | |
| | C T CORPORATION SYSTEM | | | | | | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD | the Floric | la D | ept, of State | : | <u>U</u> | 20: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRES | <u>:S1</u> | · · | | YALLABASSLLAİ | 2024 KAR 14 | ; | | |
| | PLANTATION , FL | 33324 | | | | HASS. | | • | | |
| (b) | Registered Agent Solutions, Inc. | | | | | 31.1.3 | AM 9: | | | |
| ` ' | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office a | ddre | <u> </u> | | , | 20 | | | |
| | 2894 Remington Green Ln. | | | | | | | | | |
| | NEW Registered Office Address: | | | | | | | | | |
| | Ste. A | | _ ~_ | | | | | | | |
| | Tallahassee , FL | 32308 | | | | | | | | |
| change igent v was/we the arti | imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Ken Cramer | ws of the register ability c of the lit limited | red omp nite liab | office and pany, it is ed liability pility com | the busines hereby con company c pany. | ss office of firmed that or as other | f the re at the cl wise pr | gistered range(s) | | |
| /s/ Signal | ture of a member or authorized representative of a member | | Cian | | Printed or typ | | | | | |
| I herei provisi he obl to mere | by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I I I in writing of this change. Machangia Wikler, Act. Society | vee to ac perforn d for in hereby c | t in iane Cha conf | this capa ce of my d upter 605, irm that ti | cin: Tiurth | เลา กษาคา | o conu | oly with the and accept being filed has been | | |
| Signatu | re of Registered Agent | tary | | | | | | | | |