M19000007520

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

Office Use Only



600395805396

ALLAHASSEE, FLOFI

RECEIVED

2022 OCT 28 AM 9: 2
SECRETATION OF STATE

A. BUTLEROCT 3 1 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 084684 8394623

AUTHORIZATION : Squell

COST LIMIT : \$ 25.00

ORDER DATE: October 28, 2022

ORDER TIME : 2:46 PM

ORDER NO. : 084684-209

CUSTOMER NO: 8394623

CHANGE OF AGENT

NAME: PEOPLE 2.0 NY OPERATIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

STÅTEMENT 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: PEOPLE 2.0 N	IY OPER	ATIONS, L	LC	
2. (a)		ſ	b)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2520 Renaissance Blvd, Suite 130 King of Prussia, PA 19406		
	2520 Renaissance Blvd, Suite 130				
	King of Prussia, PA 19406	_			
	08/05/2019		M190000	007520	
3.	Date of filing/registration in Florida	4.		Document nu	ımber
5. (a)					
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of Sta	ate:	
	COGENCY GLOBAL INC.				. 2
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES	<u>S)</u>	<u>—</u>	022 027
	115 NORTH CALHOUN ST SUITE 4		DDRESS) 2022 OCT		
	TALLAHASSEE	32301		_	28
		<u> </u>	 -		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	1 9: 2
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				21 ATE
	Corporation Service Company				
	NEW Registered Office Address:		· · · · ·	_	
	1201 Hays Street			_	
	Tallahassee	L 32301			
change agent was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the JILL CILMI	e register iability co of the lin e limited	ed office arompany, it nited liabili liability cor	nd the business is hereby confi ty company or	office of the registered rmed that the change(s) as otherwise provided in
Signature of a member or authorized representative of a member			Printed or typed name of signee		
the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	ed for in (hereby c	Shapter 60) Onfirm that	5, F.S. Or, if the limited liad	ns document is being filed bility company has been
Signatu	re of Registered Agent	GRAC	E E. KIRB	BY, ASST. VIC	E PRESIDENT