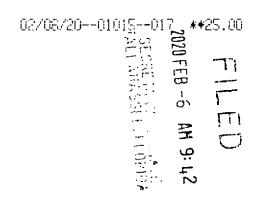
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer: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

Date: February 4, 2020

Order#: 169592-015

Re: NETONE RECRUITER LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Carissa Koetitz 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.

1. N	ame of the limited liability company: NETONE RECR	RUITER L	LC			
2. (a)	7901 4TH ST N.	(b)	(b) 7901 4TH ST N.			
<i></i> (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-,	Mailing address o	ess of limited liability company: 4Y BE POST OFFICE BOX)		
	STE:300	_	STE:300			
	ST. PETERSBURG FL 33702	_	ST. PETERSBURG	FL	33702	
	12/10/2019		M19000011725			
3.	Date of filing/registration in Florida	4.	Document nu	mber		
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:			
	7901 4TH ST N. Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)				
				Zo	20:	
	STE:300			72	— i 2020 FEB	
	ST. PETERSBURG .FL.	33702		7.57	\(\frac{1}{2}\)	
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street NEW Registered Office Address:	Office add	ress:	A PLANTA A FLORIDA	M 9: 42	
	Tallahassee , FL	32301				
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	es of the the registability confirmited li	ered office and the busin npany, it is hereby confined liability company or a ability company.	ess office rmed that as otherwi	of the registered the change(s)	
/s/ David Thurmond			David Thurmond, Authorized Person Printed or typed name of signee			
I here provis the ob to mer notifie	the accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I have a complete to the proper and complete ligations of this change. The conference of this change.	performa I for in C iereby co	n this capacity. I further	r agree to m familian its docum hility com	comply with the r with and accept ent is being filed pany has been	