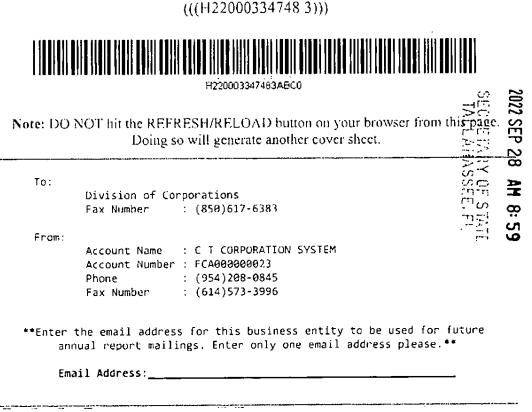
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Division of Corporations

## Florida Department of State Division of Comorations

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.



## LLC REGISTERED AGENT CHANGE STAFF ONE, LLC

Certificate of Status	Ü
Certified Copy	Ü
Page Count	02
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POLIMBLEY	
C. Brown	
SEP 29 2022	

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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.

1. Na	nme of the limited liability company: Staff One, LLO	C. ———				
2. (a)	2054 VISTA PARKWAY		(b) 2054 VISTA PKWY STE 300			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of firmited hability con (Note: MAY BE POST OFFICE I		
	SUITE 300		WEST PAL	LM BCH, FL 33411		
	WEST PALM BEACH, FL 33411					
	01/07/2021		M21000000	432		
3.	Date of filing/registration in Florida	4.	<del>-</del>	Document number		
5. (a)	COGENCY GLOBAL INC					
J. (u)	Registered Agent and Registered Office shown on the records	s of the Flori	da Dept. of State			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			Z072 SEP 21 SEGRETAR TALLAHA		
	TALLAHASSEE	FL_ <sup>3230)</sup>		28 AM TRY OF HASSE	FILE	
(b)	C T Corporation System			<b></b>	D	
	Enter name of NEW Registered Agent and/or NEW Register	ered Office	<u>address</u>	59	_	
	1200 South Pine Island Road				9	
	NEW Registered Office Address:			•		
	Plantation	.FI. <u>33324</u>		•		
the cha agent was w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the re d liability ers of the l	gistered office company, it is imited liability	e and the business office of the s hereby confirmed that the ch y company or as otherwise pro	registered ange(s)	
	John Gibson	10	hn Gibson, Ma	nager Printed or typed name of signce		
I here provis the oh to men notifie	ature of a member or authorized representative of a member of a ceept the appointment as registered agent and tions of all statutes relative to the proper and compilingations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.  C.T. Corporation System (SI Michele Holden, Asst Secture of Registered Agent	agree to a leie perfor oded for it s. I hereby	iet in this capa mance of my c i Chapier 605 confirm that	ocin: I further worse to comn	ly with the and accept heing filed as been	