M21000004496

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
☐ PCK-UP ☐ WAIT ☐ MAIL					
(Business Entity Name)					
(Document Number)					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:_	05/21/2021				
Name	Chris Vick				
Refere	ence #:				
Entity Name: TANDEM PROFESSIONAL EMPLOYER SERVICES, LLC					
	Articles of Incorporation/Authorization to Transact Business				
	Amendment				
~	Change of Agent				
	Reinstatement				
	Conversion				
	Merger				
	Dissolution/Withdrawal				
	Fictitious Name				
	Other				
Author Signat	rized Amount: \$25.00				

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

2. (a)		(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)
	No Change	No	o Change
	April 20, 2021		M21000004696
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT Corporation System		
(,	Registered Agent and Registered Office shown on the recor	rds of the Florida Dep	t. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	202
	Plantation	, FL_33324	THE SEE SEE SEE SEE SEE SEE SEE SEE SEE S
(b)	COGENCY GLOBAL INC.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	stered Office address	The P
	115 North Calhoun St., Suite 4		20
	NEW Registered Office Address:		
	Tallahassee	.FL_32301	
the cha agent v was/wa	imited liability company is not organized under the inge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit creauthorized by an affirmative vote of the membicles of organization or the operating agreement of	ess of the registere ted liability compa pers of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	ruce Leon	Bruce Le	eon
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	hy accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as propely reflect a change in the registered office address of in writing of this change.	d agree to act in to plete performance ovided for in Chap ss, I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been

/s/ Michael Carlisle

Signature of Registered Agent

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