

M23000010314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

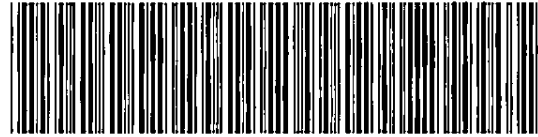
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

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FILED
TALLAHASSEE, FLORIDA

2023 OCT 27 AM 11:09

RECEIVED
DIRECTOR'S OFFICE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

OCT 27 AM 11:09



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 10/27/23
Order #: 1294374-1
Re: True PEO II, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

CHANGE OF AGENT

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

Authorization:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the word 'Authorization:'.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE PEO II, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IVELISSE ENCARNACION

Name of Person

TRUE PEO II, LLC

Firm/Company

7800 SOUTHLAND BLVD, STE 200

Address

ORLANDO, FL 32809

City/State and Zip Code

IENCARNACION@TRUEPEO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVELISSE ENCARNACION at (352) 363-5797
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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

**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. Name of the limited liability company: TRUE PEO II, LLC
2. (a) 7800 SOUTHLAND BLVD, STE 200
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
ORLANDO, FL 32809
- (b) 7800 SOUTHLAND BLVD, STE 200
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
ORLANDO, FL 32809
3. 07/17/2023 Date of filing/registration in Florida
4. M23000010314 Document number
5. (a) JOHN MULHALL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4575 EMERSON PARK DRIVE #204
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
ORLANDO, FL 32839
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

John Mulhall
Signature of a member or authorized representative of a member

JOHN MULHALL

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Alfred A. United-Sonenshor/AP
Signature of Registered Agent

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