## P01000021343

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





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150 Change

FEB 2 8 2020

D CUSHING



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:(	02/27/2020		
Name:	Merritt Walker		
Reference #:_	1192593		
		TED EMPLOYERS II, INC.	
☐ Articles	s of Incorporation/Authorizati	on to Transact Business	
☐ Amend	Iment		
✓ Change	e of Agent		ン つ つ
Reinsta	atement		۔۔ ۲.
Conve	rsion		1
☐ Merger	•		í
☐ Dissolu	ution/Withdrawal		
Fictition	us Name		
Other_			
Authorized An	nount: <b>\$35</b>		
Signature:	uw		

F: +852.2682.9790

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		egistered agent, or both,  American United En				
1. The name of the corporation		Afficial Officed En	npioyers II, in	<u> </u>		
2. The principal office addres		A Hannanda O				
	nonte Drive	Altamonte Sp	orings	FL_	32701	
3. The mailing address (if dif 2054 Vista		Vest Palm Beach, FL 334	li			
4. Date of incorporation/qual	ification: 02/26/2	2001 Document nui	nber:	P010000	21343	
5. The name and street address Florida Department of Stat			office on file v	with the		
		Sean C Hall		_		
••••	777 E	. Altamonte Drive				
	Altamonte Springs	FL	32701	_	20 FE3	
6. The name and street addres (if changed):	s of the new registered	l agent (if changed) and /c	or registered o	- effice	13	
	COGE	NCY GLOBAL INC.			5.410: 30	
	115 North Calhoun Street, Suite 4					
<del> </del>	P.O. Box NOT acceptable				6	
	Tallahassee	Florida	32301	_		
The street address of its regis as changed will be identical.	stered office and the si	treet address of the busin	ess office of i	its registe	red agent,	
Such change was authorized authorized by the board, or the	by resolution duly add ne corporation has bee	opted by its board of dire in notified in writing of the	ctors or by an he change.	officer s	ο	
Signature of an office of	director	Jo - M Printed or	GAR TO	ille	A	
I hereby accept the appointm I further agree to comply wit performance of my duties, an agent. Or, if this document i hereby confirm that the corp	ent as registered ager h the provisions of all ed I am familiar with a s being filed merely to oration has been notif	nt and agree to act in this statutes relative to the p and accept the obligation preflect a change in the r led in writing of this chai	capacity. roper and cor of my positio egistered offi nge.	mplete in as regis ce addres	stered ss, I	
Kalsigh Goodmas		01/22/2020				
Sumature of Registers	d Agent		Date			
If signing on behalf of an ent	ity:					
COGENCY GLOBAL						
Typed or Printed Na	me					

\* \* \* FILING FEE: \$35.00 \* \* \*