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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Dod	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to F	-iling Officer	
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Office Use Only



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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
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/19/2024					
Name:	Cheyanne Davis	_				
Reference #	2559492	_				
	:TAW PA	YROLL, INC.				
Articl	es of Incorporation/Authorization	to Transact Business				
Ame	ndment					
✓ Char	ige of Agent					
☐ Reins	statement					
☐ Conv	version					
☐ Merg	er					
☐ Dissolution/Withdrawal						
☐ Fictiti	ious Name					
☐ Othe	r	-				
Authorized A	Amount: \$35					
Signature:	Chuma Paine					

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

•	•		607,1508, or 617,1508, ed under the laws of the .			
in order to	change its register	ed office or register	ed agent, or both, in the !	State of Florida.		
1. The name of the c	of the corporation: TAW PAYROLL, INC,					
2. The principal office		250 Ex	ecutive Center Drive, Su	nite 201		
		•	Greenville, SC 29615			
3. The mailing addre	ess (if different):	ifferent): 250 Executive Center Drive, Suite 201, Greenville, SC 29615				
4. Date of incorporat		10/22/2004	Document number:	P01000102755		
		urrent registered ago uned, enter resigned	ent and registered office (on file with the		
	COR	RPORATION SERV	ICE COMPANY			
		1201 HAYS	ST			
	TALLAHASSEE, FL 32301					
6. The name and stre (if changed):	eet address of the n	of the new registered agent (if changed) and /or registered office				
	115 North Calhoun Street, Suite 4					
-		P O Box NOT acceptable				
	·	Tallahassee, Flor	ida 32301			
The street address of as changed will be i	f its registered off dentical.	ice and the street a	ldress of the business of	ffice of its registered agent.		
Such change was at authorized by the bo	thorized by resolu pard, or the corpor	ition duly adopted l ation has been noti	by its board of directors fied in writing of the cha	or by an officer so ange.		
/s/ Wesley Paul			Wesley Paul, VP, Corporate Controller			
Signature of	in officer or director		Printed or typed	name and title		
I hereby accept the I further agree to co of my duties, and I a document is being f corporation has bee	ım familiar with a iled merely to refle	na accept the oblig ect a change in the	agree to act in this capa es relative to the proper ation of my position as r registered office addres.	icity, and complete performance registered agent. Or, if this s, I hereby confirm that the		
/s/ Michael Carlisle			Nov. 2	21, 2024		
Signature	of Registered Agent		Date	<u> </u>		
If signing on behalf	of an entity:					
Michael Carlis	sle, Assistant Secr	etary				
Typed	or Printed Name	· · ·				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)