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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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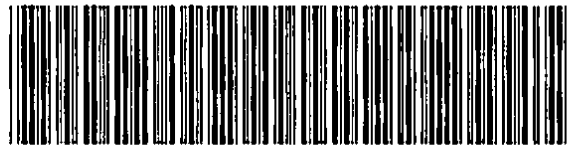
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tenncom Business Solutions, Inc.

Name of Corporation

DOCUMENT NUMBER: PO400000001991

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Hodge

Name of Contact Person

Cornerstone Employer Solutions V, Inc.

Firm/Company

239 Taunton Blvd. Suite D

Address

Medford, NJ 08055

City/State and Zip Code

stephen.hodge@cornerstonepeo.com ✓

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

For further information concerning this matter, please call:

Stephen Hodge

Name of Contact Person

at (**609**) **410-5919**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tenncom Business Solutions, Inc.
2. The principal office address: 13733 Crystal River Dr. Orlando, FL 32828
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 12/18/2003 Document number: PO4000000091

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John W. Tenney

13788 Crystal River Drive

Orlando, FL 32828

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ronald Hodge

114 Northwest Lawton Road

P.O. Box NOT acceptable

Port Saint Lucie, FL 34986

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

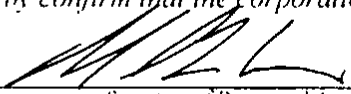


Signature of an officer or director

Ronald Hodge P

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

3/25/19

Date

If signing on behalf of an entity:

Ronald L. Hodge

Typed or Printed Name

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