## P04 000 162 459

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



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To: Department Of State, Division Of Corporations From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com Ext: x61563 Date: 01/21/25 Order #: 1753323-1 Re: Choice Employer Solutions, Inc. Processing Method: Routine

Delenser

TO WHOM IT MAY CONCERN:

Enclosed please find: Change of Registered Agent and Office Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

**Special Instructions:** 

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

statement of	the provisions of sections 607.0502, 617.0. change is submitted for a corporation orgoration region order to change its registered office or regi	anized under the laws of the S	tate of FL
	of the corporation: CHOICE EMPLOYER		<i>(<i>i</i>) <i>i i i i i i i i i i</i></i>
<ol> <li>The name</li> <li>The princi</li> </ol>	ipal office address: 9007 Brittany Way Tan	npa, FL 33619	
3. The maili	ng address (if different):		
4. Date of in	corporation/qualification: 11/24/2004	Document number:	204000162459
	and street address of the current registered epartment of State: (If resigned, enter resig		n file with the
	CABRERA, EUGENE		
	9007 Brittany Way		
	ТАМРА	- FL 33619	
6. The name (if change	and street address of the new registered ag d):	ent (if changed) and /or regist	rered office
	Corporation Service Company		5
	1201 Hays Street		: 39
	•	lox NOT acceptable	
	Tallahassee	FL 32301	
The street ac as changed	ddress of its registered office and the stree will be identical.	et address of the business off	ice of its registered agent,
Such change authorized b	e was authorized by resolution duly adopt by the board, or the corporation has been i	ed by its board of directors on the character of the char	r by an officer so ige.
/s/ Gene C	Cabrera	Gene Cabrera	President
Signature of an officer or director		Printed or typed n	ame 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. Thereby confirm that the corporation has been notified in writing of this change. Corporation Service Company

12/30/2024

By:	'VN	re Controle
	Si	anature of Registered Agent

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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 COA-14615

CR2E045 (04/13)

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Date