P080000H53TH

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
	, , , , , , , , , , , , , , , , , , , ,			
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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	11/05/2024					
	Cheyanne Davis	_				
Reference #	2532595	_				
Entity Name	PAYROL	L SAVVY, INC.				
Articl	es of Incorporation/Authorization	to Transact Business				
☐ Amer	ndment					
✓ Chan	ge of Agent					
Reins	statement					
Conversion						
☐ Merg	er					
☐ Dissolution/Withdrawal						
☐ Fictiti	ious Name					
Othe	ſ <u> </u>					
Authorized /	Amount: \$35.00					
Signature: _	Ohyme Paine					

F: +852.2682.9790



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 Patrice at 850-202-9071

Date:	11/05/2024						
	Cheyanne Davis						
Reference #	2532595						
Entity Name	PAYRO	LL SAVVY, INC.					
	es of Incorporation/Authorization						
Amer	ndment						
✓ Chan	ge of Agent						
Reins	statement						
☐ Conversion							
☐ Merger							
☐ Dissolution/Withdrawal							
Fictiti	ous Name						
Other							
Authorized A	Amount: \$35.00						
Signature: _	Uryma Paine						

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

statement of char	nge is submitted for a c	orporation organized i	7.1508, or 617.1508, Fla inder the laws of the Sta gent, or both, in the Sta	_{ite of Florida}
1. The name of th	he corporation:	PAY	ROLL SAVVY,	INC.
	office address: No Ch			
3. The mailing ac	ddress (if different):			
4. Date of incorp	ooration/qualification: _	May 5, 2008	Document number:	P08000045374
5. The name and Florida Depart	street address of the cu tment of State; (If resig	rrent registered agent a ned, enter resigned)	and registered office on	file with the
		Odom, Blak	e	
	302	0 Hartley Rd.	Ste 300	
	Jac	ksonville, FL	32257	2021
6. The name and (if changed):		ew registered agent (if o	changed) and /or registe	red office
		alhoun St., Su		
	Tallahassee,	P.O. Box NOT accept		 52
				e of its registered agent.
Such change wa authorized by th	is authorized by resolution board, or the corpora	tion duly adopted by it ation has been notified	s board of directors or in writing of the chang	by an officer so je.
/s/ Blake Odd	om re of an officer or director		Blake Odom Printed or typed nam	President
I hereby accept I further agree to performance of agent. Or if the	the appointment as res to comply with the prov	visions of all statutes r miliar with and accept led merely to reflect a	ee to act in this capacit elative to the proper ar the obligation of my pe change in the registere	ty. id complete osition as registered
/s/ Timothy Mayville			10/23/2024	
Sign	nature of Registered Agent		Date	
If signing on be	half of an entity:			

Timothy Mayville, Assistant Secretary

Typed or Printed Name

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