

P 08000107369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

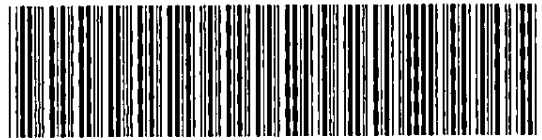
(Business Entity Name)

(Document Number)

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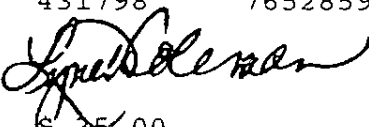
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TALLAHASSEE, FL 09

2/6/2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 431798 7652859  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

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ORDER DATE : February 3, 2023

ORDER TIME : 1:47 PM

ORDER NO. : 431798-005

CUSTOMER NO: 7652859  
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CHANGE OF AGENT

NAME: KYMBERLY GROUP PAYROLL  
SOLUTIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kymberly Group Payroll Solutions, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P08000107369

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:

Diane Hofstadter

Name of Contact Person

TLC Companies

Firm/Company

6160 Summit Drive N Suite 500

Address

Brooklyn Center, MN 55430

City/State and Zip Code

dhofstadter@tlccompanies.com

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

For further information concerning this matter, please call:

Diane Hofstadter

Name of Contact Person

at ( 763 ) 585-7073

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Kymberly Group Payroll Solutions, Inc.
2. The principal office address: 1 W Church Street, Suite 200, Orlando, FL 32801
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/10/2008 Document number: P08000107369
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)

Corporation Service Company

W Church Street, Suite 200

Orlando, FL 32801

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

Corporation Service Company

1201 Hays Street

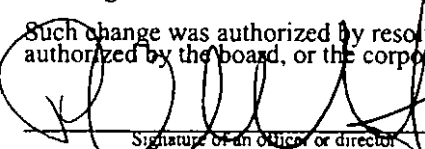
Tallahassee

P.O. Box NOT acceptable

FL 32301

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

Philip Martina

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.

Corporation Service Company

By: Eylina Ochoa

Signature of Registered Agent

02/03/2023

Date

If signing on behalf of an entity:

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)

FILED  
2023 FEB -3 AM 9:43  
STATE  
TALLAHASSEE, FL