P/WW0///38

| (Requestor's Name) | • | |
|---|---|---|
| (Address) | - | |
| (Address) | _ | |
| (Address) | | |
| (City/State/Zip/Phone #) | • | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| , | | |
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Office Use Only

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SECRETARY OF STATES

2010 APR -1 AM 8: 27

COVER LETTER

| TO: Amendmen Division of | at Section Corporations | | | |
|---|--|--|--|--|
| SUBJECT: | Beyond Pay | roll, Inc. | | |
| 50 B0 E10 T1 | | Corporation | | |
| DOCUMENT NU | MBER: P10 | 000011138 | | |
| The enclosed States | ment of Change of Registered Offic | ee/Agent and fee are submitted for filing. | | |
| Please return all con | rrespondence concerning this matte | r to the following: | | |
| | | | | |
| | Bri Koo | opmans Intact Person | | |
| • | Name of Co | ntact Person | | |
| | | | | |
| Beyond Payroll, Inc. Firm/Company | | | | |
| | r ijii/C | ompany | | |
| | 027 Pan | van Driva | | |
| | | yan Drive Iress | | |
| | | | | |
| | Deiray Bead | ch. FL 33483 | | |
| Delray Beach, FL 33483 City/State and Zip Code | | | | |
| | hri@hevond | navroll com | | |
| bri@beyondpayroll.com E-mail address: (to be used for future annual report notification) | | | | |
| | | • | | |
| For further informa | tion concerning this matter, please | call: | | |
| | - | | | |
| Nan | Bri Koopmans ne of Contact Person | at (954) 261-5269 Area Code & Daytime Telephone Number | | |
| 1 466 | ne or conmer reson | Thea coac & Bay time recopnose Transcer | | |
| Enclosed is a \$35.0 | 0 check made payable to the Depar | rtment of State. | | |
| | | | | |
| | Mailing Address: | Street Address: | | |
| | Amendment Section Division of Corporations | Amendment Section Division of Corporations | | |
| | P.O. Box 6327 | Clifton Building | | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle | | |
| | • | Tallahassee, FL 32301 | | |

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

| statement of change is submitted for a corporation organized under the laws of the State of Fl in order to change its registered office or registered agent, or both, in the State of Flo | orida | .s | |
|---|--------------------|------------|-----------------|
| 1. The name of the corporation: Beyond Payroll, Inc. | | | |
| 2. The principal office address: 937 Banyan Drive, Delray Beach, Florida 33483 | | | |
| 3. The mailing address (if different): | | | |
| 4. Date of incorporation/qualification: February 4, 2010 Document number: P1 | 000001 | 11138 | |
| 5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned) | the | | |
| CDK Trust LLC | | | |
| 1609 NE 4th CT. | | | |
| Fort Lauderdale, FL 33301 | rast. | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed): CDK Trust LLC | ESMINSE BANNESS | 2010 APR - | esta. Filter |
| | Pics | Do | - |
| 937 Banyan Drive P.O. Box NOT acceptable | 9 | AH 8: | 2.3 |
| Delray Beach, FL 33483 | | : 28 | |
| The street address of its registered office and the street address of the business office of its as changed will be identical. | registere | ed agent | i, |
| Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change. | fficer so | 1 | |
| Signature of an officer or director Corey Koopmans, Pre Printed or typed name and title | esident | ··· | |
| 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 composition, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change. | | | ce is ie |
| Signature of Rogistered Agent Date |) | | |
| If signing on behalf of an entity: | | | |
| Corey Koopmans, MGRM 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 (8/05)