## P11000019264

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ALLAHASSEE, FLOR

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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195  REFERENCE : 451817 2954329  AUTHORIZATION :  COST LIMIT : \$ 35.00				
ORDER DATE : February 1, 2022				
ORDER TIME : 5:24 PM				
ORDER NO. : 451817-043				
CUSTOMER NO: 7954329				
CHANGE OF AGENT				
NAME: SEI EMPLOYMENT SERVICES, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker EXT#				

EXAMINER:

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

statement of char	provisions of sections 607.0502, 617.050. age is submitted for a corporation organ to change its registered office or registe	ized under the law:	s of the State of FLORIDA		
L. The name of t	he corporation: SEI EMPLOYMENT SEF	RVICES, INC.			
2. The principal					
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 02/23/2011	Document nu	umber: P11000019264		
5. The name and	street address of the current registered a timent of State: (If resigned, enter resigne		office on file with the		
	PARACORP INCORPORATED				
	155 OFFICE PLAZA DRIVE 1ST FLO	OR			
	TALLAHASSEE	FL	32301		
6. The name and (if changed):	street address of the new registered age	nt (if changed) and	/or registered office		
	1201 Hays Street				
	P O. Bo	x NOT acceptable			
	Tallahassee	FL	32301		
The street addre	ess of its registered office and the street be identical.	address of the bus	siness office of its registered agent,		
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	d by its board of dotified in writing o	irectors or by an officer so f the change.		
Xie	2 Comi	Jill Cilmi, Vice P	resident		
Signatu	re of an officer or director		d or typed name and fifle		
I further agree a of my duties, an document is bei corporation has	the appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the best permitted in writing of this change in Service Company	utes relative to the ligation of my posi he registered office	his capacity.  2 proper and complete performance tion as registered agent. Or, if this 2 address, I hereby confirm that the		
Ву: Ду	ro Tokuble	02/24/2022	Date		
_	nature of Registered Agent				
11 Signing on be	chalf of an entity:				
	Asst. Vice PResident  yped or Printed Name				
ı	* * * FILING F	E.E: \$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)