

P11000031518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

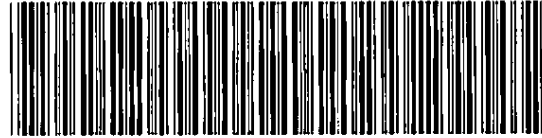
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100389246421

FILED

2022 AUG 18 PM 1:26

SECRETARY OF STATE
ALABAMA DEPT. OF REVENUE

RECEIVED

2022 AUG 18 AM 11:57

ALABAMA DEPT. OF REVENUE

A. BUTLER

AUG 19 2022



COGENCYGLOBAL

115 N CALHOUN SE., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **August 18, 2022**

Account#: 120000000088

Name: **David Shulman**

Reference #: **1757894**

Entity Name: **CERTIPAY PEO SOLUTIONS VI, INC.**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$35.00**

Signature: *David Shulman*

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: CERTIPAY PEO SOLUTIONS VI, INC.

2. The principal office address: _____

2600 W. Geronimo Place, Suite 100, Chandler, AZ 85224

3. The mailing address (if different): _____

2600 W. Geronimo Place, Suite 100, Chandler, AZ 85224

4. Date of incorporation/qualification: 3/29/2011 Document number: P11000031518

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)

RUGGIERI, MARK J

130 BATES AVE SW SUITE 101

WINTER HAVEN, FL 33880

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

COGENCY GLOBAL INC.

115 North Calhoun St., Suite 4

P.O. Box NOT acceptable

Tallahassee, FL 32301

FILED
2022 AUG 18 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FL

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.

/s/ Kara Childress

Signature of an officer or director

Kara Childress CFO

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.

/s/ Tim Mayville

Signature of Registered Agent

8/18/2022

Date

If signing on behalf of an entity:

Tim Mayville, Assistant Secretary

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 (03/12)