

P110002031519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

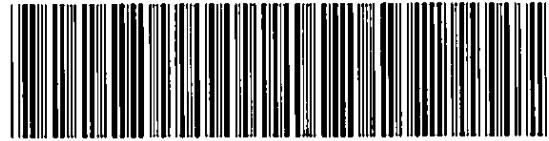
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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AD ASSISTANT

A. BUTLER  
AUG 19 2022



**COGENCYGLOBAL**

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

Date: **August 18, 2022**

Account#: I200000000088

Name: **David Shulman**

Reference #: **1757894**

Entity Name: **CERTIPAY PEO SOLUTIONS VII, 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*

• CORPORATE HQ  
COGENCY GLOBAL, LLC  
100 N. CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
800.221.0102  
+1.252.947.7200

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
100 N. CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
100 N. CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
HONG KONG  
+852.3975.1803

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1503, 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 VII, 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: P11000031519
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**

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)

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