## P1200013579

(Requestor's Name)						
(Address)						
(Address)						
(1.001.000)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(						
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Special Instructions to Filing Officer;						

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of Sholavaa

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 664958 8314918						
AUTHORIZATION :						
COST LIMIT SUSSESSED						
ORDER DATE : May 9, 2022						
ORDER TIME : 1:45 PM						
ORDER NO. : 664958-005						
CUSTOMER NO: 8314918						
CHANGE OF AGENT						
NAME: KYMBERLY GROUP PAYROLL SOLUTIONS II, 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 cha	provisions of sections 607.0302, 6 nge is submitted for a corporation r to change its registered office or	organized under the laws of	the State of Flo	orida	s 
1. The name of t	he corporation:	OUP PAYROLL SOLUTIONS	S II, INC.		· <del>-</del>
2. The principal	office address: 1 W Church Stree	t, 200, Orlando, FL 32801			
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: August 28,	2012 Document numb	er: P12000073	3579	<u></u>
	street address of the current regis tment of State: (If resigned, enter		ice on file with	the	
	Corporation Service Company			22	2(
	1 W Church Street, 200			TALI:	)22 HA
	Orlando	FL 32	801		<del>-&lt;</del>
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or	registered office		9 AH 9: (
	1201 Hays Street			កាំ	59
		P.O. Box NOT acceptable			
	Tallahassee	FL 32	301		
The street addre as changed will	ss of its registered office and the be identical.	street address of the busines	s office of its re	egistered	l agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of direct een notified in writing of the	ors or by an off change.	ficer so	
		Philip Martina		President	
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept the ng filed merely to reflect a chang been notified in writing of this con Service Company	ent and agree to act in this c ill statutes relative to the he obligation of my position e in the registered office add	oper and compl	ete perfo gent. O confirm	ormance r, if this that the
By: Lindsen M. Baronse		05/0	05/09/2022		
Lindsey M. Baroni	nature of Registered Agent e, Assistant Vice President		Date		
If signing on bel	half of an entity:				
Т	ped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*