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| (Re | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies | Certified Copies Certificates of Status | | | |
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| Special Instructions to | Filing Officer. | | | |
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Office Use Only



100383818841

ALLAHASSEF ETTE

RECEIVED

4 5/10/2022

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | |
|---|--|--|--|--|--|
| REFERENCE : 664958 8314918 | | | | | |
| AUTHORIZATION : | | | | | |
| COST LIMIT : \$35.00 | | | | | |
| | | | | | |
| ORDER DATE: May 9, 2022 | | | | | |
| ORDER TIME: 1:45 PM | | | | | |
| ORDER NO. : 664958-010 | | | | | |
| CUSTOMER NO: 8314918 | | | | | |
| | | | | | |
| CHANGE OF AGENT | | | | | |
| | | | | | |
| | | | | | |
| NAME: KYMBERLY GROUP PAYROLL SOLUTIONS III, 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 | nge is submitted for a corporation | 517.0502, 607.1508, or 617.1508, F n organized under the laws of the St r registered agent, or both, in the St | ate of Florida | |
|---|--|---|--|--|
| | | OUP PAYROLL SOLUTIONS III, II | • | |
| | office address: 1 W Church Stre | | | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification: August 28 | , 2012 Document number:F | 212000073580 | |
| 5. The name and | | stered agent and registered office on | | |
| | Corporation Service Company | | | |
| | 1 W Church Street, 200 | | 202 See Ti | |
| | Orlando | FL 32801 | 2022 HAY SECTION | |
| 6. The name and (if changed): | street address of the new register | red agent (if changed) and /or registe | ered office | |
| | Corporation Service Company | | AH 10: 02 SEE FL | |
| | 1201 Hays Street | | 02 | |
| P.O. Box NOT acceptable | | | | |
| | Tallahassee | FL 32301 | | |
| • | . <i>I</i> I | e street address of the business offi | | |
| authorized by th | authorized by resolution duly a board, or the corporation has be | adopted by its board of directors or seen notified in writing of the chan | by an officer so | |
| M | | Philip Martina | President | |
| | of an officer or director | Printed or typed na | | |
| I juriner agree i of my duties, and document is bein corporation has | o comply with the provisions of d I am familiar with and accept | gent and agree to act in this capact all statutes relative to the proper a the obligation of my position as re ge in the registered office address, change. | nd complete performance vistered agent. Or. if this | |
| By: Lindsey M. Baronic | | 05/09/2 | 05/09/2022 | |
| (Figr | nature of Registered Agent ie, Assistant Vice President | Date | | |
| If signing on bel | nalf of an entity: | | | |
| Ту | ped or Printed Name | - | | |

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