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(h	Requestor's Name)	
(A	Address)	
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(0	City/State/Zip/Phone #)	···- <u>-</u>
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
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7,5	Document Number)	
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		Q1.1
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	

Office Use Only



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UCC Filing & Search Services, Inc.

1574 Village Square Boulevard, Suite 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD

FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

(OA	8	34
·	- **	v.	/

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

LISTING OF 39 CHANGE OF AGENT FORMS ATTACHED

ALONG WITH A CHECK FOR \$1,	365.00) IN PAYMENT OF GROUP	
Filing Evidence ☑ Plain/Confirmation Copy		Type of Docum ☐ Certificate of Sta	
□ Certified Copy		□ Certificate of Go	ood Standing
		□ Articles Only	
Retrieval Request Photocopy Certified Copy		□ All Charter Doc Articles & Ame □ Fictitious Name □ Other	
NEW FILINGS		AMENDMENTS]
Profit		Amendment	<u>.</u>
Non Profit		Resignation of RA Officer/Director	
Limited Liability	X	Change of Registered Agent	39 FILINGS
Domestication		Dissolution/Withdrawal	See List
Other		Merger	
			_
OTHER FILINGS		REGISTRATION/QUALIFICATION] .
Annual Reports		Foreign	
Fictitious Name		Limited Liability	
Name Reservation		Reinstatement	
Reinstatement		Trademark	
		Other] :

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

statement of cha	nge is submitted for a corporation	517.0302, 607.1308, or 617.1308, Florida Stat n organized under the laws of the State of <u>FL</u> r registered agent, or both, in the State of Flor	
	he corporation: CIP PEO I, INC.		
2. The principal	office address: 3350 BUSCHWOO	DD PARK DR STE 200, TAMPA FL. 33618	
	ddress (if different): 135 W CENT D, FL 32801	RAL BLVD, ATTN: D LEMKE STE 600,	
4. Date of incorp	poration/qualification: 12/04/2012	Document number: P120000992	81
5. The name and		stered agent and registered office on file with	
	SJOBECK, JEFFREY J		
	3350 BUSCHWOOD PARK DR S	TE 200	1 .
	TAMPA, FL 33618		Fig.
6. The name and (if changed):	l street address of the new register	red agent (if changed) and /or registered office	
	NRAI Services, Inc.		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	1200 South Pine Island Road		2
		Box NOT acceptable	; .
	Plantation, Florida 33324		
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its re	gistered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, withe corporation has b	adopted by its board of directors or by an offi seen notified in writing of the change.	cer so
		JEFFREY J SJOBECK, SECRETARY	
	Man difficer or director	Printed or typed name and title	
I further agree to performance of agent. Or, if this hereby confirm	o comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been no	gent and agree to act in this capacity. all statutes relative to the proper and comple h and accept the obligation of my position as to reflect a change in the registered office a stified in writing of this change.	registered
By:	ervices, Inc. A Hand nature of Registered Agent	6/30/14 Date	
If signing on be	half of an entity:	,	
ED HAND, ASS	·		
Ty	ped or Printed Name	-	

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