

P13000066367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

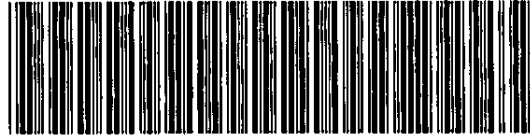
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/25/15--01004--016 **35.00

15 DEC - 8 PM 9:45

DEC - 9 2015

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SEP 29 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2015

CHRISTY HILLARD
COUNTRYWIDE PAYROLL & HR SOLUTIONS, INC.
707 MENDHAM BLVD., SUITE 250
ORLANDO, FL 32825

SUBJECT: COUNTRYWIDE PAYROLL & HR SOLUTIONS, INC.
Ref. Number: P13000066367

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 315A00020584

15 DEC -8 PM 9:45

RECEIVED
15 DEC -8 AM 11:07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COUNTRYWIDE PAYROLL & HR SOLUTIONS, INC
Name of Corporation

DOCUMENT NUMBER: P13000066367

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christy Hillard

Name of Contact Person

COUNTRYWIDE PAYROLL & HR SOLUTIONS, INC

Firm/Company

707 Mendham Blvd., Suite 250

Address

Orlando, FL 32825

City/State and Zip Code

christy.hillard@countrywidehr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Hillard

Name of Contact Person

at (**877**) **257-6662, Ex:178**
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: COUNTRYWIDE PAYROLL & HR SOLUTIONS, INC.
2. The principal office address: 707 Mendham Blvd., Suite 250, Orlando, FL 32825
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/08/2013 Document number: P13000066367
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)

Aimee Ferguson
135 Fox Rd.
Knoxville, TN 37922

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

Incorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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.

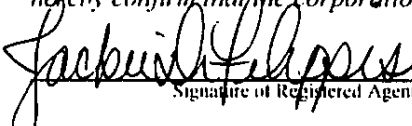


Signature of an officer or director

Theodore Bryant, General Counsel

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.



Signature of Registered Agent

10/08/2015

Date

If signing on behalf of an entity:

Jackie DeFilippis on behalf of Incorp Services, Inc.

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