## P130000 84988

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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## **COVER LETTER**

Divisio	n of Corporations					
SUBJECT. Ne.	xt Level Payroll Services IV, Inc					
SUBJECT:	Name of Co	rporation				
DOCUMENT	P13000084988 NUMBER:					
The enclosed S	tatement of Change of Registered Office	Agent and fee are submitted for filing.				
Please return al	l correspondence concerning this matter	to the following:				
	John R. Miller					
	Name of Con	tact Person				
	Gulfcoast Employment Matters					
. Firm/Company						
	3137 Masters Dr.					
Address Clearwater, FL 33761						
	jrm1217532@aol.com					
	E-mail address: (to be used for fu	ture annual report notification)				
For further info	rmation concerning this matter, please ca	all:				
John R. Miller		727 278-8730 at ( )				
	Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$3	35.00 check made payable to the Departn	nent 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				

TO:

Amendment Section

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

statement of cha	provisions of sections 607, nge is submitted for a corp r to change its registered of	poration organized i	under the laws of the	State of_	Florida
1. The name of t	he corporation: Next Level	Payroll Services, II In-	C		
	office address: 3137 Maste		· · · · · · · · · · · · · · · · · · ·	<del>,</del>	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 10/1	16/2013	Document number:	P130000	84988
	street address of the curre tment of State: (If resigned	-	and registered office of	on file w	ith the
	James Grobmyer				
	13080 South Belcher Road				
,	Largo, FL 33773				
6. The name and (if changed):	street address of the new r	registered agent (if o	changed) and /or regis	stered of	fice
	John R. Miller			<b>基</b>	
	3137 Masters Drive	P.O. Box NOT accepta	hle	55 m 55 m 57 m	8 [7]
	Clearwater, FL 33761	1.0. Dox 1101 accept		15 A	D D
4 -	ss of its registered office a be identical.				
Such change va authorized by th	authorized by resolution e board, or the corporation	duly adopted by its n has been notified	s board of directors of in writing of the cha	or by an onge.	officer so
Ja C (	c of an officer or director	Johi	n R. Miller	1	
I hereby accept I further agree t performance of	the appointment as registed of comply with the provision of the provision	ons of all statutes re lar with and accept merely to reflect a o cen notified in writ	elative to the proper the obligation of my change in the registe ing of this change.	city. and com	plete as registered
Sigr	ature of Registered Agent		n R. Miller		
If signing on bel	nalf of an entity:				
Ту	ped or Printed Name				

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