

P15000018232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

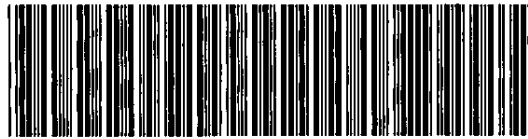
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
15 OCT - 8 PM 3:46

OCT 9 2015

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2015

CHRISTY HILLARD
COUNTRYWIDE HR
707 MENDHAM BLVD., SUITE 250
ORLANDO, FL 32825 US

SUBJECT: COUNTRYWIDE PEO 2 INC
Ref. Number: P15000018232

We have received your document for COUNTRYWIDE PEO 2 INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 015A00020458

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COUNTRYWIDE PEO 2 INC
Name of Corporation

DOCUMENT NUMBER: P15000018232

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 HR

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

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 PEO 2 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: 02/24/2015 Document number: P15000018232
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)

Resigned

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

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The street address of its registered office and the street address of the business office of its registered agent, if changed, will be identical.

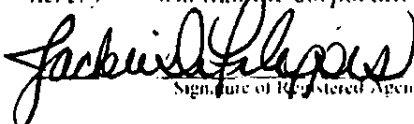
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


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. If this document is being filed merely to reflect a change in the registered office address, I hereby affirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

10/05/2015
Date

If signing on behalf of an entity:

Jackie DeFilippis on behalf of Incorp Services, Inc.
Typed or Printed Name

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