P19000014260

-	(Requestor's Name)						
	(Address)						
-	(Address)						
•	(City/State/Zip/Phone #)						
	PICK-UP WAIT MAIL						
-	(Business Entity Name)						
••	(Document Number)						
	Certificates of Status						
	es at instructions to Filing Officer:						

Office Use Only



500402809225

RA & ROcherge

2023 FEB 16 PH12 15

A. RAMSEY FEB 1 7 2023





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:2	/16/2023	= .			
Name:	Janelle Davi	s			
	180708				
Entity Name:		APPLIED	PEO, INC.		
Articles	of Incorporation/Au	ıthorization to	Transact Busi	iness	
Amendn	nent				
Change	of Agent				
Reinstat	ement				
☐ Convers	ion				
Merger					
☐ Dissolut	ion/Withdrawal				
Fictitious	s Name				
Other_			•••		
Authorized Am	ount: \$ {	3 5.00			
Signature:	Janelle D				

F: 800.944.6607

F: +852.2682.9790

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

statement of cha	nge is submitted for a corpor	102, 617.0502, 607.1508, or 617.1508, F ration organized under the laws of the Si ice or registered agent, or both, in the St	tate of Florida
	he corporation:	A 1: 1550 1	
	office address: No Chang		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: Febr	ruary 12th, 2019 Document number:	P19000014260
	I street address of the current timent of State: (If resigned, o	registered agent and registered office or enter resigned)	n file with the
	Jeffery Totty		
	3020 Hartley R	Rd Unit 300	2023
	Jacksonville, F	L 32057	T FEB 16
6. The name and (if changed):		gistered agent (if changed) and /or regist	ered office
	COGENCY GLO	JBAL INC.	
	115 North Calho	oun St., Suite 4	
	Tallahassee, FL	·	
The street addre	ess of its registered office an be identical.	nd the street address of the business offi	ce of its registered agent.
		duly adopted by its board of directors or has been notified in writing of the chan	
/s/ Blake		Blake Odom	Authorized Person
I hereby accept I further agree to performance of agent. Or, if the	to comply with the provision my duties, and I am familia is document is being filed m	Printed or typed nar red agent and agree to act in this capact is of all statutes relative to the proper a r with and accept the obligation of my p erely to reflect a change in the register en notified in writing of this change.	ity. nd complete position as registered
/s/ TImothy I	-	2/16/2023	
~	nature of Registered Agent half of an entity:	Date	

Timothy Mayville, Assistant Secretary

Typed or Printed Name

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