

P19000051290

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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

Account#: 1200000000088

Date: 05/18/2021

Name: Ian Reilly

Reference #: 1371412

Entity Name: PROVIDER PAYROLL, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$35.00

Signature: *Ian Reilly*

**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: PROVIDER PAYROLL, INC.
2. The principal office address: 5900 BROKEN SOUND PARKWAY NW BOCA RATON, FL 33487
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/17/2019 Document number: P19000051290
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)

FLANIGAN, TIMOTHY E.
5900 BROKEN SAND PRKWY NW
BOCA RATON FL 33487

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

COGENCY GLOBAL INC.
115 North Calhoun Street, Suite 4
P.O. Box NOT acceptable
Tallahassee Florida 32301

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.

 Timothy E. Flanigan, Secretary
Signature of an officer or director 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.

/s/ Sheryl A. Gibbs Asst. Sec 5/18/2021
Signature of Registered Agent Date

If signing on behalf of an entity:

Cogency Global 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
CR2E045 (03/12)

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