(Red	questor's Name)			
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Date: April 12, 2023	Account#: I20000000088
Name: James Brodbeck	
Reference #:	
Entity Name: CERTIPAY PEO SOLUTIONS IX, INC	<u>-</u> .
☐ Articles of Incorporation/Authorization to Transact Busines	SS
☐ Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$35.00	

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

statement of cha	inge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Flo tion organized under the laws of the Sta e or registered agent, or both, in the Sta	nte of Florida
	-	ERTIPAY PEO SOLUTIO	-
	office address:		
<u> </u>	130 Bates Ave	SW 101, Winter Haven,	FL 33880
3. The mailing a	iddress (if different):		
	2600 W Geronim	o PI, Suite 100, Chandler,	AZ 85224
4. Date of incorp	poration/qualification: Febru	ary 14, 2020 Document number:	P20000015485
	I street address of the current r timent of State: (If resigned, er	egistered agent and registered office on iter resigned)	file with the
	RUG	GIERI, MARK	
	130 B	ATES AVE SW	
	WINTER I	HAVEN, FL 33880	
6. The name and (if changed):	d street address of the new regi	stered agent (if changed) and /or register  BAL INC.	red office SECRETARY SECRETARY
	115 North Calho		
	Tallahassee, FL	P.O. Box NOT acceptable	
The street addre	ess of its registered office and be identical.	the street address of the business office	e of its register agent,
Such change was authorized by the	ns authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or be been notified in writing of the change	
/s/ Kara Child		Kara Childress	CFO
I hereby accept I further agree i performance of agent Or if the	to comply with the provisions my duties, and I am familiar v is document is being filed mer	Printed or typed name I agent and agree to act in this capacity of all statutes relative to the proper an with and accept the obligation of my pa- cely to reflect a change in the registered notified in writing of this change.	v. d complete oxition as revistered
/s/ Sean Hor		4/12/2023	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		

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

Sean Honan, Assistant Secretary
Typed or Printed Name