P9400	0036825			
(Requestor's Name) (Address) (Address)	400376922134			
(Ċity/State/Zip/Phone #)	20211-110 111 9:26			
Certified Copies Certificates of Status	ALLAHASSEL I LUMA RAIROGAS			

DEC 1 3 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

**-**A

	ACCOUNT NO. :	12000000019	95
	REFERENCE :	288084	8361116
	AUTHORIZATION	relate mi	en
	COST LIMIT :	\$ 35.00.	
ORDER DATE :	December 8, 2021		
ORDER TIME :	9:59 AM		
ORDER NO. :	288084-164		
CUSTOMER NO:	8361116		

## CHANGE OF AGENT

NAME: TRINET HR II-A, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

Ú EXAMINER:

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

1. The name of the corpor	ation: TRINET	HR II-A, INC.				
2. The principal office add	iress:_One Parl	k Place, Suite 600,	Dublin, CA 94568			
3. The mailing address (if	different):					
4. Date of incorporation/qualification: _0		05/16/1994	_ Document number	. P94000036825	<u></u>	
5. The name and street ad Florida Department of 3		ed, enter resigned)	t and registered office	e on file with the		
					• •	
801 US	Highway 1			<u> </u>	101	
North P	alm Beach		FL 3340	8	2021 170	
6. The name and street ad (if changed):	dress of the new	w registered agent (i	f changed) and /or re	gistered office	10 M	
Corpora	tion Service C	ompany			ې	
1201 Ha	ays Street		· <u></u>		26	
P.O. Box NOT acceptable						
Tallahas	ssee		FL 3230	1		

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.

nature of an officer or director

۰.

Jill Cilmi, Vice President

Printed or typed name and title

Date

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. Corporation Service Company

B<u>y</u>: Signature of Registered Agent

12/09/2021

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President

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 (04/13)