

PPA00000 37 304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

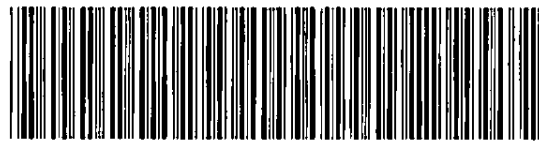
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2024 APR 22 PM 4:21  
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STATE OF ARIZONA

**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: THE PROFESSIONAL EMPLOYEE, INC.
2. The principal office address: 15201 N. CLEVELAND AVE #930 NORTH FORT MYERS, FL 33903
3. The mailing address (if different): 1030 Southeast 9th Avenue #151383 CAPE CORAL, FL 33990
4. Date of incorporation/qualification: 04/23/1999 Document number: P99000037304
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)

Corporate Legal Solutions

12670 NEW BRITTANY BLVD, SUITE 101

FORT MYERS, FL 33907

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

ZenBusiness Inc.

336 E. College Ave. Suite 301

P.O. Box NOT acceptable

Tallahassee, FL 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.

/s/ Dina D Clark

Signature of an officer or director

Dina D Clark

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.*



Signature of Registered Agent

04-12-2024

Date

If signing on behalf of an entity:

Khadijeh Hemmati

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)

FILED  
2024 APR 22 PM 4:22  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE PROFESSIONAL EMPLOYEE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P99000037304

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:

Michael Serrano

Name of Contact Person

ZenBusiness Inc.

Firm/Company

336 East College Ave.

Address

Suite 301

City/State and Zip Code

Tallahassee, FL 32301

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Serrano

Name of Contact Person

at ( 844 ) 493-6249

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303