

06/25/2019

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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kjohnsen@alliedresourcesstaffing.com

RECEIVED

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ALLIED RESOURCES MEDICAL STAFFING CORPORATION

REGISTERED AGENT CHANGE
ALLIED RESOURCES MEDICAL STAFFING CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(FAX)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALLIED RESOURCES MEDICAL STAFFING CORPORATION

Name of Corporation

DOCUMENT NUMBER: F17000002937

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:

KATHLEEN JOHNSEN

Name of Contact Person

ALLIED RESOURCES MEDICAL STAFFING CORPORATION

Firm/Company

135 DOWLIN FORGE RD

Address

EXTON, PA 19341

City/State and Zip Code

kjohnsen@alliedresourcesstaffing.com

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

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop at 800 567-4397

Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR215043 (03/12)

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**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 PA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALLIED RESOURCES MEDICAL STAFFING CORPORATION
2. The principal office address: 135 DOWLIN FORGE RD EXTON, PA 19341
3. The mailing address (if different): 135 DOWLIN FORGE RD EXTON, PA 19341
4. Date of Incorporation/qualification: 06/26/2017 Document number: F17000002837

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)

UNITED STATES CORPORATION AGENTS, INC.

13302 WINDING OAK COURT, SUITE A

TAMPA, FL 33612

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

URS AGENTS, LLC

3458 LAKESHORE DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32312

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.

K. Johnson
Signature of its officer or director

KATHLEEN JOHNSON CORPORATE MANAGER
Printed or typed name and title OF HR

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.

K. B. S.
Signature of Registered Agent

6/28/2019
Date

If signing on behalf of an entity:

Kanetha Bishop, Assistant Secretary

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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