## 1040000 13161

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	е)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: <u>Team</u> outs	ource, LLC e of Limited Liability		
Dear Sir or Madam:			
The enclosed Registered Agent/Register	red Office Change as	nd fee(s) are submitted f	or filing.
Please return all correspondence concer	rning this matter to th	ne following:	
Han Edisis (Name of Person)			-
Team outsource,	LLC	·- ·	• • •
(Firm/Company)  12422 Sw 44 co (Address)  Hiramae, FL 3 (City/State and Zip Code)	3027		05 OCT 24 AM (O: 4) SEC A CF STATE WILL FE F ORIDA
For further information concerning this	matter, please call:		
Alan Edisis (Name of Person)	at ( 305	7 <i>2</i> 5 - 0 <i>218</i> Area Code & Daytime To	
(Name of Person)	(A	Area Code & Daytime To	elephone Number)
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divisi P.O. I	tration Section ion of Corporations Box 6327 hassee, Florida 32314	
Enclosed is a check for the fol	lowing amount:		
\$25 Filing Fee	□ \$55	Filing Fee & Certified (	Сору

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liabilit	v company is. Tear	outsource	2 , LL(	ے	
1. The name of the inflict habin	y company is.				⊸:
2. The mailing address of the limi				<del></del>	<u></u> -
12422 SW 44 Co	ourt, Hiramour	2, FL 330	a7		·
October 8, 2004		L04000	07316	1	
3. Date of filing/registration in Flo	orida	4. Document num	nber	<del></del>	
5. The name of the registered agen Florida Department of State:	nt and the registered office		on the recor	ds of the	
	Name				•
565	Name NE 15 stree	t, suite 11E	<u>-</u>		
Mic	ami, FL 33 City, State and Z	3132		05 OCT	
	City, State and Z	ip		724	<u> </u>
6. The name and address of the ne	w registered agent and/or	office:	:	<del>4</del>	
	Alan Edisis		· · ·		Ų
124	122 SW 44	court		AM 10: 4 1	
Florida	a street address (P.O. Box	NOT acceptable)			
<u>µ</u> ,	ramar <sub>,FL</sub> . City, State and Zij	33027		. <u>-</u>	
	City, State and Zij	p	•		
If the limited liability company is confirmed that after the change or	not organized under the la	ws of the State of I	Florida, it is	hereby	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Alan Edisis

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

(Printed or typed name of signee)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)