(P)

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000231056 3)))



H180002310563ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:_

LLC REGISTERED AGENT CHANGE XCLUSIVE STAFFING OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

	ame of the limited liability company: Xclusive Staffin						
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(t	(b)				
	8774 Yates Dr., Suite 210		8774 Yates	Dr., Suite 210			
	WESTMINSTER, CO 80031		WESTMIN	STER, CO 8003	1		
	09/16/2009		L090000893	345			
	Date of filing/registration in Florida	4.		Document num	iber		
(a)							
, (Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	the Floride	Dept. of State	. ::			
	Registered Office Address (MUST BE FLORIDA STREET 1201 HAYS STREET	ADDRESS	2	-			
	TALLAHASSEE	32301-2	525	•		2018	
763				•	, ;; . [AUG)
(b)	Enter name of NEW Registered Agent and/or NEW Registeres	Office ad-	ires:	-	# (င္မာ	,
	C T Corporation System					PH 2	
	NEW Registered Office Address:			•	•	ږ <u>ې</u> ن	
	1200 South Pine Island Road				-	1	
	Plantation , Fl.	33324					
gent ye as/ye ie artic	mited liability company is not organized under the large or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited light and in the case of a Florida limited light and its conformation of the operating agreement of the organization or the operating agreement of the organization of all statutes relative to the proper and complete gutions of my position as registered agent as provide by reflect a change in the registered office address, it in writing of this change.	the regis ability co of the lim limited l	tered office mpany, it is ited liability lability com	and the busines hereby confirm company or as pany. Tackson Printed or typed or	ss office of that the otherwise arms of sign	of the rep ne chang se provid	gister e(s) ed in

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