(Ře	questor's Name)					
(Address)						
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Centified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



700376920617

DEC 2 2 2021 ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 341210 7907561

AUTHORIZATION

COST LIMIT

ORDER DATE: December 20, 2021

ORDER TIME : 9:08 AM

ORDER NO. : 341210-010

CUSTOMER NO: 7907561

CHANGE OF AGENT

NAME:

XCLUSIVE STAFFING OF FLORIDA,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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.

i. N	ame of the limited liability company: XCLUSIVE STA	AFFING C	OF FLORID	A, LLC		
2. (a)	8774 Yates Dr.	<i>(</i> 1:	(b) 8774 Yates Dr.			
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited lic (Note: MAY BE POST O		•
	Suite 210		Suite 210			
	WESTMINSTER, CO 80031		WESTMII	NSTER, CO 80031		
	09/16/2009		L0900008	9345		
3.	Date of filing/registration in Florida	- 4.	<u> </u>	Document number		
5. (a)	CT CORPORATION SYSTEM					
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	- e:		
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		-	20:		
					1) [1]	
	PLANTATION	33324		_	202) (FC 2 (
	F1	<u>-</u>		_	2	•
(b)	Corporation Service Company					· .
(,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	_	9: 04	
	1201 Hays Street				110	
	NEW Registered Office Address:			_		
	Tallahassee	32301		-		
	, FL	•		-		
chang agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liarere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim	ed office and mpany, it is ited liability	d the business office of s hereby confirmed that y company or as otherw	the registere the change(ed s)
	u Goldman	Britt	Goldman,	Authorized Person		
	ature of a member or authorized representative of a member			Printed or typed name of si	_	
provis the ob to mer notifie	the accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I is a writing of this change. The of Registered Agent	ee to act perform d for in C hereby co	in this capa ince of my a Thapter 605 Infirm that t	icity. I further agree to luties, and I am familia , F.S. Or, if this docum the limited liability com	comply with r with and a ent is being pany has be	h the ccept filed en
Grace	E. Kirby, Asst. Vice President, on behalf of Corporati	ion Servi	ce Compan	y		

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