

MD3000004227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

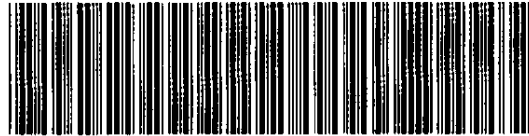
Special Instructions to Filing Officer:

L. SELLERS

JUN 16 2010

EXAMINER

Office Use Only



900181883929

06/11/10--01017--001 **25.00

FILED
JUN 11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**NRAI
CORPORATE
SERVICES**

Formerly Premier Corporate Services, Inc.

June 7, 2010

VIA REGULAR MAIL

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

**RE: COMSYS INFORMATION TECHNOLOGY SERVICES, Inc.
COMSYS SERVICES LLC
PURE SOLUTIONS, INC.**

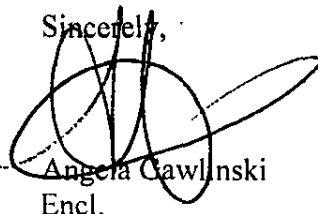
Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state along with our check to cover the required filing fees.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,



Angela Cawlnski
Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMSYS Services LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

A Gawlinski
Name of Person

NRAI Corporate Services
Firm/Company

200 West Adams, Suite 2007
Address

Chicago, IL 60606
City/State and Zip Code

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

For further information concerning this matter, please call:

A Gawlinski at (312) 346-3606
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: COMSYS Services LLC

2. (a) Principal office address of limited liability company: _____

☐ (Note: **MUST BE STREET ADDRESS**) _____

(b) Mailing address of limited liability company: _____

☐ (Note: **MAY BE POST OFFICE BOX**) _____

12/18/2003 M03000004227
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: C T Corporation System

Registered Office Address: 1200 South Pine Island Road
Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 2731 Executive Park Drive, Suite 4
(MUST BE FLORIDA STREET ADDRESS) Weston, FL 33331

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.

Michael J. Lynch
Signature of a member or authorized representative of a member

Michael J. Lynch
Printed or typed name of signee

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, I hereby affirm that the limited liability company has been notified in writing of this change.

by: Angela Gawlinski-Asst. Secretary
Signature of Registered Agent

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

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

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(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: _____



(Note: MAY BE POST OFFICE BOX)

12/18/2003

M03000004227

3. Date of filing/registration in Florida

4. Document number

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Registered Office Address: 1200 South Pine Island Road
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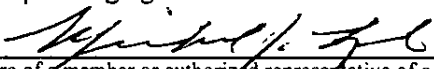
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NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 2731 Executive Park Drive, Suite 4
(MUST BE FLORIDA STREET ADDRESS)

Weston, FL 33331

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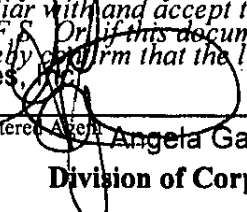


Signature of a member or authorized representative of a member

Michael J. Lynch

Printed or typed name of signer

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, I hereby confirm that the limited liability company has been notified in writing of this change.

by: 

Signature of Registered Agent Angela Gawlinski-Asst. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00