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(((H23000200391 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045

Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email Address: mark@allstaffworks.com

REGISTERED AGENT CHANGE ALLSTAFF, INC.

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June 2, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

ALLSTAFF, INC. 9800 4TH STREET NORTH SUITE 105 ST. PETERSBURG, FL 33702

SUBJECT: ALLSTAFF, INC.

REF: P11000073258

We received your electronically transmitted document. However the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The registered agent signature cannot be read.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: H23000200391

Regulatory Specialist II Supervisor Letter Number: 323A00012632

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | inge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida St organized under the laws of the State of Fl registered agent, or both, in the State of Flo | orida | |
|---|---|--|--|--|
| 1. The name of t | the corporation: ALLSTAFF, INC. | | | |
| | | Suite 105, St. Petersburg, FL 33702 | | |
| 3. The mailing a | ddress (if different): | | | |
| 1. Date of incorporation/qualification: 08/15/2011 Document number: P11000073258 | | | | |
| | I street address of the current regist tment of State: (If resigned, enter r | tered agent and registered office on file with resigned) | the | |
| | Traveler, Melanie M | | | |
| | 9800 4TH STREET NORTH SUIT | E 105 ST. PETERSBURG, FL 33702 | 2023 J | |
| 6. The name and (if changed): | | ed agent (if changed) and /or registered of the | THE ED | |
| | Registered Agents Inc. | | 31VIE 94 :6 0 | |
| 7901 4th Sirect is, Sie 300 | | | | |
| | St. Petersburg, FL 33702 | P.O. Box, NOT acceptable | | |
| The street addre | ss of its registered office and the s be identical. | street address of the business office of its | registered agent. | |
| Such change was authorized by the | s authorized by resolution duly ac e board, or the corporation has be MM M M | dopted by its board of directors or by an of een notified in writing of the change. Mark Maness, CEO | fficer so | |
| - | e of an officer or director | Printed or typed name and rule | | |
| I hereby accept if further agree to of my duties, and document is being corporation has | the appointment as registered age o comply with the provisions of al I I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch | ent and agree to act in this capacity. Il statutes relative to the proper and comp we obligation of my position as registered of in the registered office address. I hereby aange. | lete performance agent. Or, if this confirm that the | |
| • | David Roberts | 06/01/2023 | | |
| Sign | nature of Registered Agent | Date | | |
| lf signing on bel | nalf of an entity: | | | |
| David Roberts, A | ssistant Secretary | | | |
| fy | ped or Printed Name | | | |

* * * FILING FEE: \$35.00 * * *