

P93000081462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entry Name)

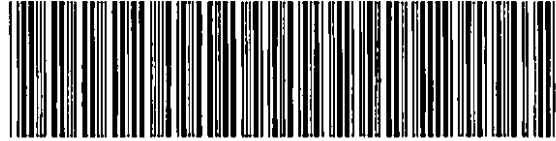
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2022 OCT 28 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 OCT 28 PM 2:51

A. BUTLER  
OCT 31 2022

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO :** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM :** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 10/28/2022

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1082658

**ORDER ENTITY**

ALLSTAFF PAYROLL, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**ALLSTAFF PAYROLL, INC. (FL)**

File the attached change of agent document

**NOTES:**

\$35.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be the initials "MM" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALLSTAFF PAYROLL, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P93000081462

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

SHAWNA BRYSON  
Name of Contact Person  
HARBOR COMPLIANCE  
Firm/Company  
1830 COLONIAL VILLAGE LN.  
Address  
LANCASTER, PA 17601  
City/State and Zip Code

PROFESSIONAL@HARBORCOMPLIANCE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAWNA BRYSON at ( 717 ) 670-8145  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALLSTAFF PAYROLL, INC.

2. The principal office address: 2101 N. 9TH AVE. PENSACOLA, FL 32503

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/01/1994 Document number: P93000081462

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

FILED  
2022 OCT 28 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.  
7901 4th St N STE 300  
St. Petersburg FL 33702

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ William Shelton  
Signature of an officer or director

WILLIAM SHELTON, PRESIDENT  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Bill Havre  
Signature of Registered Agent

10-13-2022  
Date

If signing on behalf of an entity:  
Bill Havre  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)