P95000038705

(Re	questor's Name)	
— (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	1
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SECRETARY OF STATE

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COVER LETTER

SUBJECT: Union Temporary Services, Inc. (Name of Corporation)	
DOCUMENT NUMBER: P95000038705	
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	g:
Thomas H. Loffredo (Name of Contact Person)	
Gray-Robinson (Firm/Company)	
(Firm Company)	
401 East Las Olas Boulevard, Suite 1	350
(Address)	
Fort Lauderdale, Florida 33301 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Wendy M. Blanton at (954 (Name of Contact Person) (Area Contact Person)) 893-1141 de & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Amendment Section Amer Division of Corporations Divis P.O. Box 6327 Clifton	t Address: Indment Section Indication of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

`TO:

Amendment Section Division of Corporations



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2007

THOMAS H. LOFFREDO 401 EAST LAS OLAS BLVD., SUITE 1850 FORT LAUDERDALE, FL 33301

SUBJECT: UNION TEMPORARY SERVICES, INC.

Ref. Number: P95000038705

The second of th

Letter Number: 807A00037740

We have received your document for UNION TEMPORARY SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

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) 245-6916.

Carol Mustain Document Specialist

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

•	•	• ,	·	508, Florida Statutes, this		
	•	a corporation organiza tered office or registera	•	the State of Florida the State of Florida		
1. The name of the o	corporation:	Union Temporary	Services, Inc.			
2. The principal offi	2. The principal office address: 3325 Hollywood Boulevard, Suite 503					
	<u></u>	Hollywood, Flori	lda 33021			
3. The mailing addre	ess (if different):	<u> </u>	· ,			
4. Date of incorpora	tion/qualification	n: <u>5/15/95</u>	Document numb	per: _P95000038705		
5. The name and stre Florida Departme		e current registered age	ent and registered of	fice on file with the		
Ir	trastate Re	gistered Agent C	orporation	- <u> </u>		
_70	l Brickell	Ave, Suite 3000		JUN 12 CRETARY CAPPASS		
<u>M</u>	ami, FL 331	31				
6. The name and street (if changed):	eet address of th	e new registered agent	(if changed) and /or	registered offices 21		
		offredo, Esq.				
	GrayRobin	son, P.A. s Olas Boulevard	Suite 1850			
	401 Hast Du	(P.O. Box NOT acceptable)	, 50110 1050			
	Fort Lauder	dale, FL 33301		<u></u>		
The street address of as changed will be	of its registered identical.	office and the street a	idress of the busine	ess office of its registered agen	t,	
Such change was a authorized by the b	uthorized by resoard, or the cor	solution duly adopted poration has been noti	by its board of dire	ctors or by an officer so ne change.		
Moudy (Significate of	m Bo	ufor_	Wendy M. Blan	ton, DVST or typed name and title)		
I hereby accept the I further agree to coof of my duties, and I document is being j corporation has be	appointment as omply with the p am familiar wit filed merely to r en notified in w	s registered agent and provisions of all statut h and accept the oblig reflect a change in the riting of this change.	agree to act in this es relative to the pr ation of my position registered office ac	capacity. roper and complete performan n as registered agent. Or, if th ldress, I hereby confirm that th	ce iis ie	
	Off.	>	May 21, 2007		•	
(Signatu	re or Acgistered Age	աւյ.		(Date)		
If signing on behalf	of an entity:					
Thomas H. (Typed	Loffredo for Printed Name)	S. 1				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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