

31-FF Inc.
Requester's Name
9936 W. Sample Rd. #201
Address
Coral Springs, FL 33065
City/State/Zip Phone #

P99000081533

100003085671--9
-01/03/00--01045--013
122.50 **35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of status |
| | <input type="checkbox"/> Photocopy | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
JUN -7 PM 2:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

P99000081533
RACU
200 1-7-2000

Examiner's Initials

**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,
the undersigned corporation organized under the laws of the State of FL
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation is: SureStaff, Inc.

2. The mailing address of the corporation is: 9393 West Sample Road, Suite 201
Coral Springs, Florida 33065

3. Date of incorporation/qualification: 9/9/99 Document number: P99000081533

4. The name and address of the current registered agent and office:

Jane Yeager Cheffy

2375 Tamiami Trail North, Suite #310

Naples, FL 34103

5. The name and address of the new registered agent and office: (P. O. Box **Not** Acceptable)

Mary Kathleen Ure

9393 West Sample Road Suite 201

Coral Springs, FL 33065

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 also authorized by the board.

Mary Kathleen Ure

(Signature of an officer, chairman or vice chairman of the board)

12-28-99

(Date)

Mary Kathleen Ure President

(Printed or typed name and title)

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CLERK OF STATE

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Mary Kathleen Ure

(Signature of Registered Agent)

12-28-99

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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