F07000000B

(Rec	questor's Name)					
(Add	Iress)					
(Add	lress)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Bus	iness Entity Nar	me)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



700182627367

06/30/10--01003--008 **35.00

19 JUN 30 PM 1: 08

RA ROCHS
(a) 430/10

COVER LETTER

TO: Amendment Section Division of Corporations

Staff-Line, Inc. SUBJECT:_ Name of Corporation F07000000736 DOCUMENT NUMBER:_ 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:

KEEPSIE
City/State and Zip Code

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

For further information concerning this matter, please call:

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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	ange is submitted for a co	rporation organized	07.1508, or 617.1508, Flor I under the laws of the State I agent, or both, in the State	e of New York	
	the corporation: Staff-L		agent, or both, in the blate	og i windu.	
2. The principal	office address: 53 Acae psie, NY 12601	demy Street			
3. The mailing	address (if different):				_
4. Date of incor	poration/qualification:	02/07/2007	_ Document number:	F07000000736	
5. The name an		rent registered agen ed, enter resigned)	t and registered office on fi	le with the	
	618 BRIDGEWATE	R LANE S.W.			
	Vero Beach, FL 32	962		<u>.</u>	
6. The name and (if changed):	d street address of the nev	registered agent (i	f changed) and /or registere	d office JUN 30 PM 1: 08	SECRE
	InCorp Services, In	C.		N 3C	ASS
	17888 67th Court N			PF	FA
	P.O. Box NOT acceptable				LOT
The street addr	Loxahatchee, FL 33 ess of its registered offic		ress of the business office		IDA A
authorized by t	he board or the corporat	on duly adopted by	tits board of directors or bed in writing of the change	e.	
X Signalo	te of an officer or director		PETEL DELA		
	, ,	stered agent and a sions of all statutes l accept the obligat t a change in the re t of this change.	gree to act in this capacity relative to the proper and ion of my position as regi gistered office address, I		
X A	li fortman G	- gvices Inc	June 18, 2	2010	
Šig	nature of Registered Agent		Date		
If signing on be	chalf of an entity:				
	on behalf of InCorp S	ervices, Inc.			
T	yped or Printed Name				

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