

F090000004089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

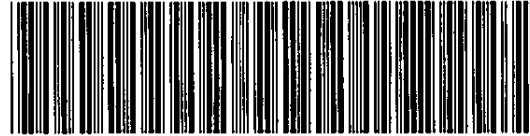
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 04 2016  
D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AIDE STAFFING SPECIALISTS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F09000004089

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:

NICOLAS SIHA

Name of Contact Person

LEGALINC CORPORATE SERVICES INC.

Firm/Company

17350 STATE HIGHWAY 249

Address

HOUSTON, TX 77064

City/State and Zip Code

SUPPORT@LEGALINC.COM

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

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16 MAR 30 PM 2:01  
SECRET  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NICOLAS SIHA

713

478.1040

Name of Contact Person

at ( )

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2016

NICOLAS SIHA  
LEGALINC CORPORATE SERVICES INC  
17350 STATE HIGHWAY 249  
HOUSTON, TX 77064

SUBJECT: AIDE STAFFING SPECIALISTS, INC.  
Ref. Number: F09000004089

We have received your document for AIDE STAFFING SPECIALISTS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. Please complete the attached corporate registered agent change form. We will need an additional \$10.00.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 116A00003911

**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.

- AIDE STAFFING SPECIALISTS, INC.**
1. The name of the corporation: 1200 WOODRUFF ROAD, BUILDING A-3
2. The principal office address: GREENVILLE, SC 29607
3. The mailing address (if different): POST OFFICE BOX 6226  
GREENVILLE, SC 29606
4. Date of incorporation/qualification: 10/14/2009 Document number: F09000004089
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)  
USA-RA LLC  
841 PRUDENTIAL DRIVE, 12TH FLOOR  
JACKSONVILLE, FL 32207
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS, SUITE 400  
P.O. Box NOT acceptable  
FORT MYERS, FL 33907

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

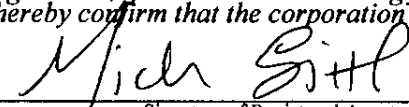
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

NICOLAS SIHA

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.*

  
Signature of Registered Agent

3/10/16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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