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| (Re | questor's Name) | _ | | |
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| (Cit | ty/State/Zip/Phone | = #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
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SHOW LONG FLORIDA

S. WARREN 0CT 2 5 2017

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|----------------------------------|--|-----------------|---|--|--|
| SUBJECT: A QUALITY STAFFING, LLC | | | | | |
| 3000 | | ne of Limited | Liability Company | | |
| Dear S | Sir or Madam: | | | | |
| The en | nclosed Registered Agent/Registered Off | ice Change an | nd fee(s) are submitted for filing. | | |
| Please | return all correspondence concerning th | is matter to th | c following: | | |
| DOT | TIE RANDAZZO | | | | |
| | Name of Person | | | | |
| PRO | FESSIONAL LEGAL ASSISTORS | , INC. | | | |
| | Firm/Company | | | | |
| P.O. | BOX 3258 | | | | |
| | Address | | | | |
| WILN | MINGTON, DE 19804 | | | | |
| | City/State and Zip Code | | | | |
| dottie | e@biz-usa.com | | | | |
| E | E-mail address: (to be used for future ann | iual report not | ification) | | |
| For fu | rther information concerning this matter, | please call: | | | |
| DOTT | TIE RANDAZZO | 302 at (| 999-9960 | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | R D P | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| | Enclosed is a check for the following | ; amount: | | | |
| | ☑ \$25 Filing Fee | <u> </u> | \$55 Filing Fee & Certified Copy | | |
| INHS1 | 8 (2/14) | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. N | ame of the limited liability company: A QUALITY | STAFFING | G. LLC | | |
|--|--|---|---|--|--|
| 2. (a) | 2963 GULF TO BAY BLVD. | (b) | (b) 2963 GULF TO BAY BLVD. | | |
| ~. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0). | | of limited liability company: BE POST OFFICE BON | |
| | SUITE 320 | | SUITE 320 | | |
| | CLEARWATER, FL 33759 | | CLEARWATER, FL | 33759 | |
| | 01/22/2013 | N | 13000001845 | | |
| 3. | Date of filing/registration in Florida | 4. | Document nu | imber | |
| 5. (a) | STACY WAGNER | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of 2963 GULF TO BAY BLVD. | of the Florida D | ept. of State: | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | SUITE 320 | | | - 詩 寸 | |
| | CLEARWATER, F | .L_33759 | | FIL. 7 0CT 23 | |
| (b) | STEVEN LOM | | | 771 77 | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | d Office addr | PSN: | - 1 | |
| | 2963 GULF TO BAY BLVD. | | | 52 ATE NIDA | |
| | NEW Registered Office Address: | | <u> </u> | | |
| | SUITE 320 | | | | |
| | CLEARWATER , F | L_33759 | | | |
| the chaagent was/w the art | limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the day of the appointment as registered agent and as | of the register liability come of the limited lia DOT | ered office and the busingany, it is hereby conficed liability company or bility company. FIE RANDAZZO, A Printed or type at this capacity. I further | ness office of the registered framed that the change(s) as otherwise provided in UTHORIZED REP | |
| provis the ob to mer | ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid rely reflect a change in the registered affice address, to d in writing of this change | e perjorman led for in Ch I hereby con | ice of my duties, and Fa apter 605, F.S. Or, if t firm that the limited lia | om jamiliar with and accept his document is being filed ability company has been | |

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