I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 04/18/2024

SIGNATURE: HELENA WLODARCZYK

AUTHORIZED REPRESENTATIVE

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:
COPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Authorized Person(s) Detail : AUTHORIZED REPRESENTATIVE Title Title MANAGER, CEO Name ROGEN, KARA Name WLODARCZYK, HELENA Address 412 MT. KEMBLE AVENUE Address 412 MT. KEMBLE AVENUE City-State-Zip: MORRISTOWN NJ 07960-6874 City-State-Zip: MORRISTOWN NJ 07960-6874

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# L12000096203

Entity Name: AXCESS STAFFING SERVICES LLC

Current Principal Place of Business:

412 MT. KEMBLE AVENUE MORRISTOWN, NJ 07960-6874

Current Mailing Address:

412 MT. KEMBLE AVENUE MORRISTOWN, NJ 07960-6874 US

FEI Number: 22-3620102

FILED Apr 18, 2024 Secretary of State 7572887931CC

Certificate of Status Desired: No

Date

Date