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.

MGR

SIGNATURE: PEDRO A. AMADO

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000111964

Entity Name: SUPPORT STAFF SOLUTIONS USA LLC

Current Principal Place of Business:

8400 NW 36TH STREET STE 450 DORAL, FL 33166

Current Mailing Address:

8400 NW 36TH STREET STE 450 DORAL, FL 33166 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

AMADO, PEDRO A 8400 NW 36TH STREET STE 450 DORAL, FL 33166 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	E PEDRO A. AMADO			11/28/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	AMADO, PEDRO A	Name	AMADO, JUAN E	
Address	8400 NW 36TH STREET STE 450	Address	8400 NW 36TH STREET STE 450	
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166	

Certificate of Status Desired: No

FILED Nov 28, 2023 Secretary of State 9036138554CR

> 11/28/2023 Date