

(Re	equestor's Name)	
(Ac	ddress)	
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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NOV 19 YOU ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 226818 8360671

AUTHORIZATION :

ORDER DATE: November 12, 2021

ORDER TIME : 2:45 PM

ORDER NO. : 226818-008

CUSTOMER NO: 8360671

CHANGE OF AGENT

NAME: PRIDESTAFF, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508. Florida Statutes, mized under the laws of the State of _Californ stered agent, or both, in the State of Florida.	
 The name of t The principal 	the corporation: PRIDESTAFF, INC. office address: 7535 N. Palm Avenue,	Suite 101, Fresno, CA 93711	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 05/19/2000	Document number: F00000002898	
	d street address of the current registered rument of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	Cogency Global Inc.		
	115 North Calhoun Street, Suite 4		2021 1517 18
	Tallahassee	FL 32301	==:
6. The name and (if changed):		ent (if changed) and /or registered office	18 AN 8:
	Corporation Service Company		27
	1201 Hays Street	Mor	
	Tallahassee	ox NOT acceptable FL 32301	
The street addre	ess of its registered office and the stree be identical.	t address of the business office of its registe	ered agent.
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been n	ed by its board of directors or by an officer of the change.	so
χ	e & agni	Jill Cilmi, Vice President	
7 1	re of an officer or director	Printed or typed name and title	
I further agree to of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta of I am familiar with and accept the ob ing filed merely to reflect a change in to s been notified in writing of this change on Service Company ()	itutes relative to the proper and complete poligation of my position as registered agent. The registered office address, I hereby confi	erformance Or, if this rm that the
By: ()	um Leil	11/18/2021	
	nature of Registered Agent	Date	
If signing on be	half of an entity;		
	, Asst. Vice President yped or Printed Name		
	* * * FILING F	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)