## F00000006174

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## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 10-23-02

NAME: LUNDY STAFFING ASSOCIATES, INC.

TYPE OF FILING: REGISTERED AGENT CHANGE

COST: \$35.00

RETURN:

ACCOUNT: FCA000000015

ABBIE/PAUL HODGE

**AUTHORIZATION:** 

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

Pursuant to the	e provisions of sections 607.0502,	617.0502	2, 607.1508, or 617.1508,	Florida Statutes,
this statement of Mississippi	of change is submitted for a corpore	_	<u> </u>	-
of Florida.	in order to change its regis	stered offi	ce or registered agent, or	both, in the State
	the corporation: Lundy Staffing Ass	sociates, l	nc.	7
	office address: 102 Northbay Cove			SEC.
_,,,,,,,,,,		<u> </u>		
3. The mailing	address (if different): P.O. BOX	2603		SEE
	Madison		39130-2603	FS
4. Date of incor	poration/qualification: 10/31/00		Document number:F	000000061居
	d street address of the current regis	stered ager	nt and registered office on	file with the
	September A. Moore			_
	426 14th Avenue NE			_
	St. Petersburg, FL 33701			
6. The name as changed):	nd street address of the new regis	stered age	nt (if changed) and /or re	gistered office (if
,	Registered Agents Legal Services,	Inc.		_
	1333 North Duval Street			<del>-</del>
	(P.O. Box or personal Tallahassee, FL 32302	mailbox NOT	acceptable)	
The street addragent, as chang	ess of its registered office and the ed will be identical.	street add	lress of the business office	of its registered
Mar	as authorized by resolution duly ache board, or the corporation has be chairman of the board)	dopted by een notified By	its board of directors or bed in writing of the change of	y an officer so President
l further agree performance oj registered agen	t the appointment as registered ag to comply with the provisions of a fmy duties, and I am familiar with tt. Or, if this document is being fil I hereby confirm that the corporal	ill statutes and acce led merelv	relative to the proper and pt the obligation of my po v to reflect a change in the een notified in writing of t	d complete sition as revistered
Muly	Signature of Registered Agent	<del></del>	10/2//02 (Date)	
If signing on beha	•		V . P .	
	Typed or Printed Name)		(Capacity)	

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