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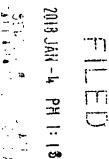
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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JAN -8 2018 I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 2, 2018

Order#: 967534-048

Re: PINNACLE STAFFING INCORPORATED

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35___.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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 617.150 nized under the laws of t	the State of <u>S</u>	South Carolina	
	•	,	tered agent, or both, in t	•	orida.	
			IONAL INCORPORATE	:D		
2. The principal	office address: 127 T	anner Road, Gree	enville, SC 29607			
3. The mailing a	address (if different):_					
4. Date of incorp	poration/qualification:	06/20/2002	Document number	er: F0200000)3151	_
	i street address of the criment of State: (If resi	_	agent and registered officed)	ce on file with	ı the	
	C T Corporation Syst	tem				
	1200 South Pine Isla	nd Road				
	Plantation, FL 33324		11. II.		2018	
6. The name and (if changed):	street address of the r	new registered age	ent (if changed) and /or re	egistered offic	2018 JAH -4	
	Corporation Service	Company			P (-
	1201 Hays Street					
		P.O. Box NO	·		- &	
	Tallahassee		FL 3230	·1		
The street addre	ess of its registered off be identical.	fice and the street	address of the business	office of its r	registered agent,	
Such change wa authorized by th	is authorized by resolute board, or the corpor	ition duly adopted ation has been no	I by its board of director tified in writing of the c	rs or by an of change.	ficer so	
Xie	2 agni	L.	Jill Cilmi, Vice Preside	ent		
ignatur	re of an officer or director		Printed or type	ed name and title		
I further agree t performance of agent. Or, if thi hereby confirm	o comply with the pro my duties, and I am fa is document is being fi	wisions of all star umiliar with and a iled merely to refl uas been notified i	d agree to act in this ca utes relative to the prop accept the obligation of ect a change in the regi n writing of this change	ber and compl my position a istered office i	is registered	
By: e	: m C	el	01/02/2018	v::		
_	nature of Registered Agent		1).	Pate		
	Asst. Vice President					
	roed or Printed Name					

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