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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## REGISTERED AGENT CHANGE RRI PERSONNEL SOLUTIONS, INC.

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## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: RRI PERSONNEL S	SOLUTIONS, INC.						
Name of Corporation	<del></del>						
DOCUMENT NUMBER: F02000004792							
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matt	er to the following:						
Joshua Murphy							
Name of Contact Person	<del></del>						
Registered Agent Solutions, Inc.							
Firm/Company	<del></del>						
Corporate Center One, 5301 Southwest Pkwy, Ste 400							
Address							
Austin, Texas 78735							
City/State and Zip Code	<del></del>						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please	e call:						
Joshua Murphy	at ( 888 ) 705-7274  Area Code & Daytime Telephone Number						
Name of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Depa	ertment of State.						
Mailing Address:	Street Address:						
Amendment Section	Amendment Section						
Division of Corporations	Division of Corporations						
P.O. Box 6327	The Centre of Tallahassee						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

	provisions of sections 607.0502, 61 nge is submitted for a corporation					
	r to change its registered office or	•		•	Florida.	
1. The name of t	he corporation: RRI PERSON	INEL SOL	NOITL	S, INC.		-
2. The principal	office address: 2900 WESTCHES	TER AVENUE	SUITE 20	01 PURCHASE,	NY 10577	-
2 72 44	11 (15.1155 )		<del></del>			-
_	ddress (if different):oration/qualification: 9/19/200	)2	Agumant r	number: F0200	0004792	_
	street address of the current regist					_
	tinent of State: (If resigned, enter r	resigned)	_			
	BLUMBERGEXCELSIOR (	CORPORA	TE SER'	VICES, INC.	·	
	155 OFFICE PLAZA DRIVI	Ε,	1ST I	FLOOR		
	TALLAHASSEE,		FL	32301	SECRETARY TALLAHAS	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.						
	155 Office Plaza Dr.	Sı	uite A			П
	Tallahassee	P.O. Box NOT acc	2230°	1	AM II: 22 OF STATE SEE, FL	
The street addre	ss of its registered office and the be identical.	street address	of the bu	siness office of it	ts registered agent	••
_	is authorized by resolution duly a ne board, or the corporation has b					
⊌ Kevin		Kevin	Callina		Authorized Per	rson
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered age to comply with the provisions of a d I am familiar with and accept the filed merely to reflect a change been notified in writing of this class	e in ine regisii hange. —	to act in a tive to the of my post ered office	ed or typed name and the state of the state	nplete performanced agent. Or, if the	re is e
	nature of Registered Agent		2022	Date		
	half of an entity:					
	Assistant Secretary					
T	ped or Printed Name					

\* \* \* FILING FEE: \$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)