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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

Division (of Corporations	
ACC SUBJECT:	OUNTABILITIES STAFFING, INC.	
	Name of Cor	poration
DOCUMENT N	UMBER: F06000000167	
The enclosed State	ement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all c	orrespondence concerning this matter to	the following:
	JJ WALSH	
	Name of Conta	ct Person
	Delaney Corporate Services, Ltd.	
	Firm/Com	pany
	823 Congress Avenue, Suite 225	
	Addres	S
	Austin, Texas 78701	
	City/State and	Zip Code
	jjulian@delaneycorporate.com	
•	E-mail address: (to be used for futi	ure annual report notification)
For further inform	nation concerning this matter, please cal	l:
JJ Walsh		
	ime of Contact Person	at (512) 499-8999 Area Code & Daytime Telephone Number
INE	tine of Contact retsoir	Area Code & Daytime Telephone Number
Enclosed is a \$35.	00 check made payable to the Departme	ent of State.
	Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2011

JJ WALSH DELANEY CORPORATE SERVICES, LTD 823 CONGRESS AVENUE - SUITE 225 AUSTIN, TX 78701

SUBJECT: ACCOUNTABILITIES STAFFING, INC.

Ref. Number: F0600000167

We have received your document for ACCOUNTABILITIES STAFFING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 211A00026043

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WHET THE STATES ALLIANION

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

statement of cha	nge is submitted for a corporation o	7.0302, 607.1308, or 617.1308, Florida Statutes. this organized under the laws of the State of _ Delaware registered agent, or both, in the State of Florida.	
		ES, INC d/b/a ACCOUNTABILITIES STAFFING, INC.	
i. The name of t	ne corporation:	n Floor	**************************************
New York, N	Y 1003B	1 Plogr	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/09/2006	Document number: F06000000167	
5. The name and		ered agent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		ا مر
	Plantation, FL 33324		180
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	11 NOV 28 A
	NRAI Services, Inc.		翌 8
•	515 East Park Avenue		۾ ٽ
	P.O. E	Box NOT acceptable	•
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered ag	ent,
Such change was authorized by the	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
	Con of the	Jay H. Schecter, CEO	
Signatu	, , , , , , , , , , , , , , , , , , , ,	Printed or typed name and title	-
I hereby accept I further agree of my duties, ar document is be corporation no	We appointment as registered ag to comply with the provisions of a nd I am familiar with and accept th ing filed merely to reflect a chang s been notified in writing of this ci	ent and agree to act in this capacity. It statutes relative to the proper and complete perform he obligation of my position as registered agent. Or, the e in the registered office address. Thereby confirm that hange.	ance (this (the
Has	Acm -	11/22/2011	
Sig	indiure of Registered Agent	Tiate	
If signing on be	ehalf of an entity:		
Joseph Canhar	n, Assistant Secretary		
	yped or Printed Name	•	

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