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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: CyberStaff America, Ltd. Corporation  Name of Corporation				
DOCUMENT NUMBER: F0900003478				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Leslie Kalmus				
Name of Contact Person				
CyberStaff America, Ltd.				
Firm/Company				
3 E. 28th Steet, 9th. Floor				
Address				
Now York NV 10016				
New York, NY 10016  City/State and Zip Code				
Ikalmus@cyberstaff.com  E-mail address: (to be used for future annual report notification)				
,				
For further information concerning this matter, please call:				
Les Kalmus at ( 212 ) 244-2300 x711  Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section  Street Address: Amendment Section				
Division of Corporations Division of Corporations				

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314



December 22, 2009

LESLIE KALMUS CYBERSTAFF AMERICA, LTD. 3 E 28TH STREET, 9TH FLOOR NEW YORK, NY 10016

SUBJECT: CYBERSTAFF AMERICA, LTD. CORPORATION

Ref. Number: F09000003478

We have received your document for CYBERSTAFF AMERICA, LTD. CORPORATION 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 registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 809A00038772

Division of the property of th

## STATEMENT OF CHANGE OF REGISTER OFFICE OR REGISTERED AGENT OR BOTH FOR COR. TRATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stat hange is submitted for a corporation organized under the laws of the State of <u>De</u> der to change its registered office or registered agent, or both, in the State of Flor	laware
1. The name of	f the corporation: CyberStaff America, Ltd. Corporation	
2. The principal	al office address: 3 East 28th St., 9th Floor	
New York	k, NY 10016	
3. The mailing a	g address (if different):	
4. Date of incorp	orporation/qualification: 8/31/2009 Document number: F09	9000003478
	nd street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	he
	Pauken, Jeffrey	
	4121 Alder Place	TALL SEC
	Cocoa, FL 32926	語
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	10 JAN -7 PM 3: 1 SECKETKRY OF STA
	Danny Jordan c/o 180 Consulting	SA I
	413 North Meridian Street	P
	P.O. Box NOT acceptable	
	Tallahassee, FL 32301	
The street address changed will	lress of its registered office and the street address of the business office of its re ill be identical.	egistered agent,
Such change wanthorized by	was arthorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so
Signatu	Leslie Kalmus Presidentiale of an officer or director Printed or typed name and title	dent
I hereby accept I further agree of my duties, or document is be corporation ha	ot the appointment as registered agent and agree to act in this capacity.  e to comply with the provisions of all statutes relative to the proper and comploud I am familiar with and accept the obligation of my position as registered a cing filed merely to reflect a change in the registered office address, I hereby the been notified in writing of this change.	
— (Vsig	Signature of fregistered Agent 1/4/2010	<del>2</del>
If signing on be	behalf of an entity:	
Danny		
• T	Typed or Printed Name	

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