## F13000002219

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
Office Use Only	



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: September 5, 2017

Order#: 795333-001

Re: LUTTRELL STAFFING, INC.

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Ashley Seeman

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.

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

-	· • I	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
		a corporation organized under the laws of the State of TENNESSEE	
		red office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: LUTT	RELL STAFFING, INC.	
2. The principal	office address: 117	HILL ST, ROGERSVILLE, TN 37857-4075	
- · · · · · · · · · · · · · · · · · · ·			
خ. The mailing a	ddress (if different):		
		05/24/2012	
4. Date of incorp	ooration/qualification	05/21/2013 Document number: F13000002219	<b>-</b>
		current registered agent and registered office on file with the igned, enter resigned)	
	REGISTERED AGE	NT SOLUTIONS, INC	
	155 OFFICE PLAZA	DR SUITE A	
	TALLAHASSEE	FL 32301	
6. The name and (if changed):	street address of the	new registered agent (if changed) and /or registered office  Company  PO Box NOT acceptable	7
	Corporation Service	Company	Ī
	1201 Hays Street		<u></u>
		P O Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered of be identical.	 fice and the street address of the business office of its registered agent. 	
Such change wa authorized by th	is authorized by resol te board, or the corpo	Il ution duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.	
$\times$	in 2 a ani	Jill Cilmi, Vice President	
7	e of an officer or director	Printed or typed name and title	
I further agree to performance of agent. Or, if this hereby confirm to	'o comply with the pr my duties, and I am f is document is being ;	gistered agent and agree to act in this capacity. Sysions of all statutes relative to the proper and complete Symiliar with and accept the obligation of my position as registered Siled merely to reflect a change in the registered office address, I has been notified in writing of this change.  NY	
By: Drac	a Cokubi	09/05/2017	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
Ту	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 (03/12)