F14000002833

(Re	questor's Name)			
(Ad	dress)			
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(Cıl	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
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RECTIVED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 143732 8357321				
AUTHORIZATION: THE ENGLISH TO SERVED				
COST LIMIT : \$ 35.00				
ORDER DATE: October 19, 2021				
ORDER TIME : 10:30 AM				
ORDER NO. : 143732-004				
CUSTOMER NO: 8357321				
CHANGE_OF AGENT				
NAME: BFC STAFFING SOLUTIONS INC.				
NAME: BIC STAFFING SOLUTIONS INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
AA FEATN STAMEED COFT				
CONTACT PERSON: Alexxis Weiland				

EXAMINER'S INITIALS:

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

	v	2, 607.1508, or 617.1508, Florida Statutes, ized under the laws of the State of Pennsy	
		ered agent, or both, in the State of Florida.	
1. The name of t	he corporation: BFC STAFFING SOLU	TIONS INC.	
2. The principal	office address: 101 Ponds Edge Drive, S	Suite 300, Chadds Ford, PA 19317-8301	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/01/2014	Document number: F14000002833	
	street address of the current registered at tment of State: (If resigned, enter resigne	gent and registered office on file with the d)	21
	Cogency Global Inc.	TCC ACC) 120 1
	115 North Calhoun Street, Suite 4		17 E1 2021 OCT 25
	Tallahassee	FL 32301	5.
6. The name and (if changed):	street address of the new registered agen	it (if changed) and /or registered office:	
	Corporation Service Company		
	1201 Hays Street		
	P.O. Box	NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office and the street a be identical.	address of the business office of its registe	red agent,
Such ehange wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer s ified in writing of the change.	Ю
Xee	E agui	Jill Cilmi, Vice President	
rignatur	e of an officer or director	Printed or typed name and title	
l furfner agree to of my duties, and document is beit corporation has	the appointment as registered agent and o comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company	l agree to act in this capacity. ites relative to the proper and complete pe gation of my position as registered agent. registered office address. I hereby confir	rformance Or, if this m that the
By: Cli	meel	10/25/2021	
Sign	lature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
	Asst. Vice President ped or Printed Name		
-	* * * FILING FE	E: \$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)