	(Requestor's Name)					
	(Address)					
(Address)						
	(City/State/Zip/Phone #)					
☐ 5.CK±ñi	D WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions	s to Filing Officer					

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: March 05, 2021	Account#. 1200000000		
Name: David Shulman			
Reference #:			
Entity Name: SANTA ROS	A STAFFING, INC.		
Articles of Incorporation/Authorization to	Transact Business		
Amendment			
Change of Agent	ISSUES? CALL		
Reinstatement	David:		
Conversion	850-270-0082		
Merger			
☐ Dissolution/Withdrawal			
Fictitious Name			
Other			
Authorized Amount: \$35.00			
Signature:			

+1.212.947.7200

@EUROPEAN HQ

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

statement of cha	provisions of sections 607 unge is submitted for a cor er to change its registered	poration organize	d under the laws	of the State o	of DE	-
			santa Rosa Staffing, Inc.			
	office address:					
	n Boulevard Suite 250 Frank					
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	08/11/2014	Document nu	mber:	F14000003358	
The name and Florida Depart	d street address of the current rtment of State: (If resigne	ent registered ager d, enter resigned)	nt and registered	office on file	with the	
	COR	PORATION SER	RVICE COMPAN	ΙΥ		
	1201 HAYS	STREET TALLA	HASSEE, FL 32	301-2525	_	
					_	
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /	or registered	office	
		COGENCY GL	OBAL INC.)	
	115 N	orth Calhoun Str	eet Suite 4		- <u>131</u>	. ,
		115 North Calhoun Street, Suite 4				
	Tallahass	ee	Florida	32301	. نان -:	- •
The street addre	ess of its registered office be identical.	and the street add	ress of the busin	ess office of	its registered agen	
Such change wa authorized by th	s authorized by resolution e board, or the corporatio	n duly adopted by n has been notifie	its board of dire	ctors or by a he change.	n officer so 09	
Signatur	JEROLD HOWELL, CEO Printed or typed name and title					
performance of i went. Or, if thi	the appointment as registed comply with the provision my duties, and I am familles document is being filed that the corporation has be	ons of all statutes far with and acce merely to reflect to seen notified in wi	gree to act in this relative to the p of the obligation a change in the r citing of this cha	s capacity, roper and co of my positic egistered off nge,		
		A. Butler, Ass	st. Sec. _{03/04}	/2021		
,	nture of Registered Agent		·	Date		
f signing on bel	nalf of an entity:					
Cogency Gl	obal Inc.					
Гу	ped or Printed Name					

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