F1400000 3831

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
	_	
PICK-UP		MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:]
Special Instructions to Filing Officer:		
4	Office Use Only	L.

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FILED

	/	COVER LETTER
TO:	Amendment Section Division of Corporations	
SUBJI	ECT: Labor	Market. Inc.
		Name of Corpdration
DOCL	JMENT NUMBER: <u>F</u>	400003831

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ame of Firm/Company Address State and Zip دى 1 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (Name of Contact Person rea Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

🕱 \$35.00 Filing Fee 🗖 \$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing 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



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

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AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)

AND/OR DIRECTOR(S) (Note: Applicable only during the first calendar year of qualification) 1. The name of the foreign corporation as it appears on the records of the Florida Department of State is: LACO 2. This entity was authorized to transact business in Florida on \geq and its Florida document number is **T** \mathbf{Q} 3. This corporation was formed under the laws of 4. The name and address of each officer and/or director is as follows: Title: Name and Address CFO dent (Attach additional pages if necessary)

Signature of an officer or director <u>Benjamin</u> Bryan Typed or printed name of person signing

Title of person signing **FILING FEE \$35**

Make checks payable to Florida Department of State and Mail to: Division of Corporations•PO Box 6327•Tallahassee, FL 32314