

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Gity/State/Zip/Fittone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

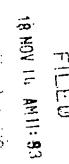
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RIANK



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: November 12, 2018

Order#: 480698-005

Re: B2B STAFFING SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35__.

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: Logan Hall 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.

OUCA.XCOA

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

	provisions of sections inge is submitted for a		•			,	s 	
in orde	r to change its register	red office or registe	ered agent, or bo	th, in the	State of Flor	rida.		
1. The name of t	the corporation: B2B S	TAFFING SERVIC	ES, INC.					
2. The principal	office address: 4501 C	Cerritos Ave, Suite	201, Cypress, C	A 90630)			
3. The mailing a	ddress (if different): 4	501 Cerritos Ave, \$	Suite 201, Cypre	ess, CA 9	3 0630			
4. Date of incorp	poration/qualification:	03/31/2015	Document	number:	F15000001	365		
5. The name and	street address of the comment of State: (If resignation	urrent registered a	•	ed office	on file with t	the		
	BUSINESS FILINGS	INCORPORATED)		<u></u>			
	1200 South Pine Islan	nd Road				31	18	
	Plantation		FL	33324		5- ; 25- '	NOV 11	٦,
6. The name and (if changed):	I street address of the n	.	it (if changed) an	d /or regi	istered office		H. AMII:	H.ED
	<u> </u>	Jonipany	.				: 33	
	1201 Hays Street	P.O. Box NOT	accentable			•		
	Tallahassee		FL	32301				
The street addre	ess of its registered off be identical.	ice and the street a	address of the bu	sin e ss of	fice of its re	gistered	agent.	
Such change wa authorized by th	s authorized by resolute board, or the corpor	tion duly adopted ation has been not	by its board of difficed in writing of	lirectors of the cha	or by an offi inge.	cer so		
7	nume		Bruce Underwo					
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm Corporatio By:	the appointment as re o comply with the pro my duties, and I am fa s document is being fi that the corporation h n Service Compan	visions of all statu miliar with and ac led merely to refle as been notified in	l agree to act in tes relative to th cept the obligat ct a change in th writing of this c	this capa e proper ion of my se registe	and complete position as	register	ed	
	half of an entity:	\		t and				
	y, Assistant Vice F	President						

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

Typed or Printed Name