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Division of Corporations

(((H24000408792 3)))

(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

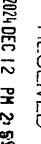
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE HORNET STAFFING, INC.

Certificate of Status	0
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H24000408792 3

COVER LETTER

TO: Amendment Section

SUBJECT: HORNET STAFFING, INC. Name of Corporation	
·	
DOCUMENT NUMBER: F18000002834	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
MARY CASTILLO	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
5301 Southwest Pkwy Suite 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual	l report notification)
For further information concerning this matter, p	please call:
MARY CASTILLO	at (888) 705-7274 Area Code & Daytime Telephone Nur
Name of Contact Person	Area Code & Daytime Telephone Nur

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

H24000408792 3

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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, F n organized under the laws of the S r registered agent, or both, in the Si	tate of GEORGIA	
	the corporation: HORNET STAF		ale oj r iorida.	
2. The principal	office address: 141 Lake Drive D	awsonville, GA 30534		
3. The mailing a	iddress (if different): 12460 Craba	pple Rd 202-356 Alpharetta, GA 300	004	
4. Date of incorp	poration/qualification: 06/15/2018	Document number: F	18000002834	
	f street address of the current regit tment of State: (If resigned, enter	stered agent and registered office or resigned)	1 file with the	
	REGISTERED AGENTS SOLUT	TIONS, INC		
	155 OFFICE PLAZA DR. STE A			
	TALLAHASSEE, FL 32301			
6. The name and street address of the new registered agent (if changed) and /or registered office: (if changed):				
	Registered Agent Solutions, Inc.		POUNDEC 12 AH 7:	
2894 Remington Green Ln. Ste. A				
	Tallahassee, FL 32308	P.O. Box NOT acceptable	1. S. J. S.	
The street addre	ess of its registered office and the	e street address of the business off	ice of its registered agent.	
Such change wa authorized by th	is authorized by resolution duly ne board, or the corporation has	adopted by its board of directors o been notified in writing of the char	r by an officer so age.	
(3)	zie Hibler	Mackenzie Hibler, A		
I hereby accept I further agree i of my duties, an document is bei	to comply with the provisions of	Printed or typed in gent and agree to act in this capacall statutes relative to the proper a the obligation of my position as rege in the registered office address, hange.	ity. uid complete performance	
Mac	3/01	12/12/2024		
Sig If signing on be	half of an entity:	Date		
	r, Assistant Secretary			
	sped or Printed Name	_		

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