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(((H24000039142 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: PARANET CORPORATION SERVICES, INC.

Account Number : I20090000069 Phone

: (800)277-9977

Fax Number

: (800)815-0477

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

Email Address:__

eric.stewart@kss4jobs.com

REGISTERED AGENT CHANGE K & S STAFFING SOLUTIONS, INC.

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COVER LETTER

Page: 3 of 4

Division of Corporations	3		
•			
SUBJECT: K & S STAFFING SO	OLUTIONS, INC.		
Name of Corporation	<u></u>		
DOCUMENT NUMBER: F220	000000978		
The enclosed Statement of Chang	ge of Registered Office/A	gent and fee	are submitted for filing.
Please return all correspondence	concerning this matter to	the following	<u>;</u> :
Eric Stewart			
Name of Contact Person			
K & S STAFFING SOLUTIONS, II	NC.		
Firm/Company			
2807 BECHELLI LN			-
Address			
REDDING, CA 96002			•
City/State and Zip Code	•		· .
eric.stewart@	@kss4jobs.com		
E-mail address: (to be used for	· ·	otification)	
•	•	,	
For further information concerning	ng this matter, please call	:	
Georgina Vega		21 (800 21 (800)567-4397
Name of Contact	Person	Area Cod	e & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

$(((H24000039142\ 3)))$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida St organized under the laws of the State of <u>C</u>	ALIFORNIA
		registered agent, or both, in the State of Flo	rida.
1. The name of	the corporation: K & S STAFFING	SOLUTIONS, INC.	
2. The principal	office address: 2807 BECHELLI L	N REDDING, CA 96002	
3. The mailing	address (if different):		
4. Date of incor	0978		
	d street address of the current regist rtment of State: (If resigned, enter re	ered agent and registered office on file with esigned)	i the
	REGISTERED AGENTS INC.		
	7901 4TH ST N STE 300		26
	ST. PETERSBURG, FL 33702		2024 .141
6. The name an (if changed):	d street address of the new registere	d agent (if changed) and /or registered offic	e 29
	URS AGENTS, LLC		() ()
	3458 Lakeshore Drive		Ģ.
	-	P.O. Box NOT acceptable	ć
	Tallahossee, FL 32312		
The street addr as changed will	ess of its registered office and the beidentical.	street address of the business office of its	registered agent,
Such change wauthorized by	as authorized by resolution duly ac se board, or the corporation has be	copted by its board of directors or by an or en notified in writing of the change.	fficer so
Signan	ure of an officer or director	Eric Steinart / Ora	rsident
I hereby accept I further agree of my duties, as document is be corporation ha	the appointment as registered age to comply with the provisions of a nd I am familiar with and accept th ing filed merely to reflect a change s been natified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and comp se obligation of my position as registered is to in the registered office address, I hereby aange.	lete performance agent. Or, if this confirm that the
	Zulara .	1-29-2024	
Sig	mature of Registered Agent	Date	
If signing on be	enalf of an entity:		
Georgina Vega,			
1	ypod or Printed Name		
		G FEE: \$35.00 * * *	
M CR2E045 (04/13)	MAKE CHECKS PAYABLE T AIL TO: DIVISION OF CORPORATIO	O FLORIDA DEPARTMENT OF STATE INS, P.O. BOX 6327, TALLAHASSEE, FL 32	2314

(((H24000039142 3)))