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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.\*\*

Email	Address:	

## REGISTERED AGENT CHANGE GCS RECRUITMENT SPECIALISTS INC.

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## **COVER LETTER**

Amendment Section Division of Corporations TO:

Address Austin, Texas 78735  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Alicia Richards  at (888) 705-7274	
For further information concerning this matter, please call:	
E-mail address: (to be used for future annual report notification)  Significant Significan	
	7123
City/State and Zip Code	(:::::::::::::::::::::::::::::::::::::
Austin, Texas 78735	
Address	
Corporate Center One, 5301 Southwest Pkwy. Ste 400	
Firm/Company	
Registered Agent Solutions, Inc.	
Name of Contact Person	
Alicia Richards	
Please return all correspondence concerning this matter to the following:	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
DOCUMENT NUMBER: F2300000744	
Name of Corporation	
SUBJECT: GCS RECRUITMENT SPECIALISTS INC.	

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)

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

statement of cha	provisions of sections 607,0502, 617, nge is submitted for a corporation of r to change its registered office or re	rganized under the le	aws of the State of Ne	w York		
2. The principal	he corporation: GCS RECRI office address: 385 5TH AVI DRK, NY 10016		PECIALISTS I	NC.		
	ddress (if different):					
4. Date of incorp	oration/qualification: 1/23/202	23 Documen	number: F23000	000744		
	street address of the current register tment of State: (If resigned, enter res  BOWLER, JASON  450 S. ORANGE AVE	igned)	red office on file with the	ne		
	ORLANDO	FL	32801			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.  2894 Remington Green Ln. Ste. A						
	ss of its registered office and the str be identical.					
Such change wa authorized by th	s authorized by resolution duly ado e board, or the corporation has been	pted by its board of a notified in writing	directors or by an offi of the change.	cer so		
	Burchall e of an officer or director	Andrew B	urchall Pr	esident		
I furthér agrée t of my duties, an document is bei	the appointment as registered agen o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	statutes relative to t obligation of my po n the registered offi	t this capacity. The proper and comple sition as registered ag ce address, I hereby co	te performance cent. Or, if this onfirm that the		
Ma	معين طفا	02/16/20	024			
Sigi	nature of Registered Agent		Date			
If signing on bel	half of an entity:					
····	r, Assistant Secretary					
TŞ	ped or Printed Name * * * FILING	FEE: \$35.00 * * *	•			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)