F95000004020

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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TO: Amendment Section Division of Corporations	
SUBJECT: Tri-State Employment Service, Inc. (Name of Corpor	ation)
DOCUMENT NUMBER: F95000004020	
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
JJ Walsh (Name of Contact	Parson)
(Name of Contact	reison)
Delaney Corporate Services, Ltd	d.
(Firm/Compa	
823 Congress Avenue, Suite 225 (Address)	
Austin, Texas 78701	٠
(City/State and Zi	p Code)
For further information concerning this matter, please call:	
JJ Walsh at (Name of Contact Person)	(512) 499.8999 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department	t of State.
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

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

	the corporation: Tri-State Employment Service, Inc.
	the corporation: Tri-State Employment Service, Inc. office address: 160 Broadway, 15th Floor, Susan Kennedy, New York, NY 10038
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 08/21/1995 Document number: F9500004020
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State:
	Tri-State Employment Services
	Tri-State Employment Services 300 West Adams Street, Suite 450 Jacksonville, FL 32202
	Jacksonville, FL 32202
6. The name and (if changed):	Tri-State Employment Services 300 West Adams Street, Suite 450 Jacksonville, FL 32202 d street address of the new registered agent (if changed) and /or registered office NRAI Services, Inc.
	NRAI Services, Inc.
	2731 Executive Park Drive, Suite 4
	(P.O. Box NOT acceptable) Weston, FL 33331
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, lbe identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
- (Niana)	Robert Cassera President (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s-been notified in writing of this change.
July (SI	ALKOLONOY 10/15/10 ghature of Registered Ageny) (Date)
If signing on be	ehalf of an entity:
_LISA	- A. DelANey
(Typed 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 (8/05)