## L03000029197

(Re	equestor's Name)				
(Ac	ldress)				
(Address)					
(Ci	ty/State/Zip/Phone	<del>;</del> #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
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2012 DEC 10 PM 4: 19
SECRETARY OF STATE

J. BRYAN

DEC 1 1 2012

**EXAMINER** 

## COVER LETTER

TO:	Registration Section Division of Corporations				
SUB				FFING, LLC	
Dear	Sir or Madam:				
The e	enclosed Registered Agent/Registered	Office C	hange	and fee(s) are submitted	l for filing.
Pleas	e return all correspondence concerning	g this ma	tter to	the following:	
	NAME OF TAXABLE				
	Miriam Katz Name of Person			_	/
<del></del>	Vcorp Services, LLC Firm/Company			_	
<del></del>	25 Robert Pitt Drive, Suite 2	204			TALLED PH 4: 19  TALLED PH 4: 19
	Monsey, NY 10952 City/State and Zip Code				FLORIDA FLORIDA
	mkatz@vcorpservices.co E-mail address: (to be used for future annual report	m notilication	1)	_	ŕ
For f	urther information concerning this ma	tter, pleas	se call	;	
	Miriam Katz	at (	845		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.C	Area Code & Daytime Telepho ALLING ADDRESS: distration Section ision of Corporations . Box 6327 lahassee, Florida 32314	ne Number
	Enclosed is a check for the follow	ing amo	unt:		
	\$25 Filing Fee		S5	5 Filing Fee & Certified	1 Сору

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

G Transfer and Grant Gra				
Name of the limited liability company:	ame of the limited liability company: HORIZON STAFFING, LLC			
2. (a) Principal office address of limited liability comp	any: 5055 COLLINS AVENUE, STE. 3C			
(Note: MUST BE STREET ADDRESS)	MIAML BEACH FL 33140			
(b) Mailing address of limited liability company:	4512 FARRAGUT RD.			
(Note: MAY BE POST OFFICE BOX)	BROOKLYN NY 11203			
08/07/2003	L03000029197			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. The terms of the GANZ, SIMON			
Registered Agent:	GANZ, SIMON			
Registered Office Address:	5055 COLLINS AVE 300 2			
	APT 3C CONTINUE MIAMI BEACH FL 33140			
(b) Enter name of NEW Registered Agent and/or N	VEW Registered Office address:			
NEW Registered Agent:	Vcorp Services, LLC			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5011 South State Road 7, Suite 106			
	DavieFL.33314			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of pregnization			
Signature of a member or authorized representative of a member				
Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608. F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability completely Sellices UC, Mina, Life				
Signature of Registered Agent Author Sul Pure	- 58n			
Division of Corporations, P.O. Box	,			

FILING FEE: S25.00

INHS18 (05/08)