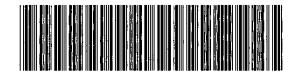
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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B. KOHR

AUG 1 2 2009

EXAMINER

COVER LETTER

	Registration Section Division of Corporations		
SUBJE		Fing LLC I Liability Company	
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
<u>₩</u>	ary Martinez Name of Person		
Health Edge Staffing, LLC			
45 Douglas Avenue, Suite 1605			
Altamonte Springs, FZ 32714 City/State and Zip Gode			
many (a) health edge staffing. Com E-mail address: (to be used for future annual report notification)			
For fur	ther information concerning this matter, plea	ase call:	
Ma	ny Martinez at (321) 912-3922 Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:			
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.				
1. Name of the limited liability company:	Edge Statting, LLC			
2. (a) Principal office address of limited liability company	: 445 Douglas Avenue			
(Note: MUST BE STREET ADDRESS)	Suite 1605 Springs, F230114			
(b) Mailing address of limited liability company:	Some as a			
(Note: MAY BE POST OFFICE BOX)				
7 27 200 4 3. Date of filing/registration in Florida	1. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	King, Justin 37 00			
Registered Office Address:	159 E Lake Brantley Drive Longwood, Fr 35779			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	345 Douglas Avenue Suite 1605 Alfamonte Spungs, FL 32714			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
Signature of a member or authorized representative of a member	_			
Justin King Printed or typed name of signes	_			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.				
Signature of Registered Agent				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				

INHS18 (05/08)