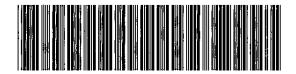
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Chariel Instructions to Filing Officer
Special Instructions to Filing Officer:
A 11141-
A. LUNT
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EXAMINER

Office Use Only



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2008 APR 22 P 2: 0
SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: United Staffing Centers of (Name of	of America, L.L.C. of Limited Liability Company)				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerni	ng this matter to the following:				
Peter Kerr-Jarrett					
(Name of Person)					
United Staffing Centers of America,	L.L.C. TASE 28				
(Firm/Company)	L'CRE AL				
2700 W. Cypress Creek Road, D-134	FILED 2008 APR 22 P 2 SECRETARY OF ST ALLAHASSEE. FLO				
(Address)	The The Third Th				
Ft. Lauderdale, Florida 33309	P 2: 02 P STATE FLORIDA				
(City/State and Zip Code)					
For further information concerning this m	atter, please call:				
Peter Kerr-Jarrett	at (954) 972-9221				
(Name of Person)	(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 follow	ving amount:				
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				

INHS18 (8/05)

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.

agem, or com, in the state	0) 1 101 144.					
1. The name of the limited	l liability company is: United St	affing Centers of Am	nerica			
2. The mailing address of	the limited liability company is	: 2700 W. Cypres	s Creek	Road,	Suite D-134	
Fort Lauderdale, FL 33309						
Total Laddordalo, The October	 		-			
November 2, 2006			L06000106505			
3. Date of filing/registration	on in Florida	4. Document	numbei	Ī		
5. The name of the register Florida Department of S	red agent and the registered offi	ice address as sho	wn on t	he reco	ords of the	
•	Michael J. Robin				•	
•	Name					
<u> </u>	2700 W. Cypress Creek Road	, Suite D-134	_ <mark>⊼</mark> ∽	~		
	Address		ECRE	2008		
<u> </u>	Fort Lauderdale, Florida 3330		<u>£6</u>	APR	* 1	
	City, State and	l Zip	TAR ASS	22		
6. The name and address of	of the new registered agent and/o	or office:	RY OF SEE. F	2 P	FILEI	
<u> </u>	Peter Kerr-Jarrett		10 11S	?	O	
	Name		- RIE	02		
<u> 2</u>	2700 W. Cypress Creek Road,	Suite D-134	_>	73		
	Florida street address (P.O. Bo	ox NOT acceptab	ole)			
<u> </u>	Ft. Lauderdale, FL 33	3309		·		
	City, State and 2	Zip				
confirmed that after the cha and the business office of t liability company, it is here	pany is not organized under the ange or changes are made, the lithe registered agent will be idereby confirmed that the change(sited liability company or as other of the limited liability company or as other of the limited liability company or as other or the limited liability company or as other limited liability or lia	Florida street additions: Tical. Or, in the call was/were authors.	ress of the case of a prized by	he regi Floric an af	istered office da limited firmative vote	
Peter Kerr-Jarrett						
(Printed or typed name of signee)		_				
	ntment as registered agent and sof all statutes relative to the poll accept the obligations of my polis document is being filed to methat the limited liability compar	agree to act in thi roper and comple osition as registei erely reflect a chi ny has been notifi	is capac te perfo red ager ange in i ed in wr	ity. I f rmanc it as pi the reg iting o	further agree to e of my duties, rovided for in ristered office if this change.	
 (Signature of Registered Agent) 		•				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00