## Fl<u>or</u>ida Departmen<u>t o</u>f Stat

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To:

Division of Corporations

Fax Number : (850)617-6385;

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 -Phone

: (307)200-2803

Fax Number

: (855)330-101គា

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please

Email Address:\_



## LLC REGISTERED AGENT CHANGE **QSI PERSONNEL SERVICES, LLC**

| Certificate of Status | 0       |
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Help J. HARRIS

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

Pursuant to the provisions of sections 605,0114 or 605,0116, 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 74 77 1144                                      | ,<br>OCLD   | EDCONNEL C   | EDVICES I  |  |                               |  |
|---|---|--|--|--|-------------------------------|--|
| I. Na   | ome of the limited liability company: $QSIP$  | ERSONNEL S   | ERVICES, I   | LLC  |                               |  |
| 2. (a)  | 1802 NORTH ALAFAYA TRAIL  |  | (b) \$\tilde{\text{L802 NORTH ALAFAYA TRAIL}}\$  Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX) |  |                               |  |
|   | Principal office address of limited liability compan<br>(Note: MUST BE STREET ADDRESS)  | iy. 8  |  |  |                               |  |
|   | ORLANDO, FL 32826 UN  | ORLAN  | IDO, FL 32826  | UN   |                               |  |
|   | 11/06/2007  | L070001  | 12052  |  |                               |  |
| 3.  | Date of filing/registration in Florida  | 4  | Document number  |  |                               |  |
| 5. (a)  | ALVARADO, CELSO, Mr.  |  |  |  |                               |  |
| (11)  | Registered Agent and Registered Office shown on the reco  | irds of the Florida Dept. of State   | •  |  |                               |  |
|   | 1802 NORTH ALAFAYA TRAIL  |  |  |  |                               |  |
|   | Registered Office Address (MUST BE FLORIDA STR  | REET ADDRESS)  |  |  | <b>Q</b> Liar .               |  |
|   | ORLANDO   | _, <sub>FL</sub> 32826   |  |  |                               |  |
| (b)   | Registered Agents Inc.  | )<br>2:  |  |  | C                             |  |
| ,   | Enter name of NEW Registered Agent and/or NEW Reg   | istered Office address.  |  |  | Ē                             |  |
|   | 3030 N. Rocky Point Dr.   | i  |  | 22. 22   | •• ••                         |  |
|   | NEW Registered Office Address:  |  |  | 30   |                               |  |
|   | STE 150A  |  | -  |  |                               |  |
|   | Tampa   | , FL 33607   |  |  |                               |  |
| the cha<br>agent v<br>was/wi<br>the art           | imited liability company is not organized under tange or changes are made, the Florida street addrivil be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the members of organization or the operating agreement of a member of authorized representative of a member. | the laws of the State of Floress of the registered office ited liability company, it in the limited liability of the limited liability confided liability liability confided liability liability confided liability lia | e and the business off<br>s hereby confirmed th<br>y conwany or as othe  | ace of the registrat the change(s<br>rwise provided                      | ierea<br>S                    |  |
| Signa   | iture of a member of authorized representative of a member  |  |  |  |                               |  |
| I here<br>provis,<br>the ob-<br>to mer<br>notitie | by accept the appointment as registered agent an ions of all statutes relative to the proper and con ligations of my position as registered agent as proved to the proper of the registered office address of this change.  Bill Havre - Ass  | nd agree to act in this cap<br>uplete performance of my<br>rovided for in Chapter 605<br>ess, I hereby confirm that<br>sistant Secretary   | acity. I further agree<br>duties, and I am fami,<br>5, F.S. Or, if this doct<br>the limited liability of                       | to comply with<br>liar with and ac<br>ument is being j<br>ompany has bee | t the<br>scept<br>filed<br>en |  |
| Signati   | ure of Registered Agent   |  |  |  |                               |  |