

L08000052149

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B. BOSTICK
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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Labor Fir	Labor Finders of Florida, LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Diana Tanan		
Diane Tames Name of Person		
Labor Finders of Florida, LLC		
Firm/Company		
PO Box 8809	10 D SECH TALLA	
Address	DEC CRE L LAHA	
	+9 -9	
Junitar El 33469 9900	[1]	
Jupiter, FL 33468-8809 City/State and Zip Code		
1.5, 1.4.1.0 a.1.2 a.1.p 2.4.10	PM I2: 03 OF STATE E. FLORID	
diana tamas@laborfindars.com	ည်း၊ ယ	
diane.tames@laborfinders.com E-mail address: (to be used for future annual report notific	eation)	
For further information concerning this matter, please call:		
Diane Tames at	\	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
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:	Labor Finders of Florida, LLC
2. (a) Principal office address of limited liability c	ompany: 601 Heritage Drive, Suite 106
(Note: MUST BE STREET ADDRESS)	Jupiter, FL 33458
(b) Mailing address of limited liability company	PO Box 8809
(Note: MAY BE POST OFFICE BOX)	Jupiter, FL 33468
05/27/2008	L08000052149
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	Tames, Diane VP
Registered Office Address:	760 SE Port St. Lucie Blvd. Port St. Lucie, FL 34984
(b) Enter name of NEW Registered Agent and	or NEW Registered Office address:
<u>NEW</u> Registered Agent:	Tames, Diane VP
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	601 Heritage Drive, Sruite 106
	Jupiter ,FL 33458
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the choof the members of the limited liability company or the operating agreement of the limited liability contains agreement of the limited liability agreement of the limited liabilit	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited lange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.
Signature of a member of authorized representative of a member	10 SEI TALLI
Diane Tames Printed or typed name of signee I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms that the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms the li	at and agree to act in this capacity. If further agree to the proper and complete performance of my dulles, f my position as registered agent as provided for in did to merely reflect a change in the registered office ompany has been notified in writing of this change.
Drang Drang Signature of Registered Agent	IDA D3