2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000071871

Entity Name: A-1 STAFFING SOLUTION LLC

FILED Oct 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9900 SW 168TH STREET 17400 SW 97TH AVE SUITE 5 SUITE 101 A

MIAMI, FL 33157 PALMETTO BAY, FL 33157

Current Mailing Address: New Mailing Address:

9900 SW 168TH STREET 17400 SW 97TH AVE

 SUITE 5
 SUITE 101 A

 MIAMI, FL 33157
 PALMETTO BAY, FL 33157

FEI Number: 26-2944055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 STEWART-MCKENZIE, CARLOTTA
 STEWART, CARLOTTA

 16615 SW 100CT
 16615 SW 100CT

 MIAMI, FL 33157
 US

 MIAMI, FL 33157
 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: C.STEWART 10/06/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGRM (X) Change () Addition

 Name:
 STEWART-MCKENZIE, CARLOTTA
 Name:
 STEWART, CARLOTTA

 Address:
 16615 SW 100CT
 Address:
 16615 SW 100CT

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 MIAMI, FL 33157

Title: MGR () Delete Title: MGRM (X) Change () Addition
Name: MCKENZIE, MICHAEL
Address: 16615 SW 100CT

Title: MGRM (X) Change () Addition
Name: MCKENZIE, MICHAEL
Address: 16615 SW 100CT

 Address:
 16615 SW 100CT
 Address:
 16615 SW 100CT

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 MIAMI, FL 33157

Title: () Delete Title: MGR () Change (X) Addition

Name: Name: HARRIS, SHERYL

Address: Address: 11105 SW 200TH STREET, APT 111

City-St-Zip: City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: C.STEWART MGRM 10/06/2009