L09000050285

(Re	equestor's Name)	
(1)		
DA)	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
\	,	,
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400162643234

11/23/09--01037--003 **55.00

O9 NOV 23 PM I2: 39
SECRE LARY OF STATE

COVER LETTER

TO: Registration Section Division of Corpora	ions	
SUBJECT: Professional Deployment Solutions, LLC		
	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Ag	ent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
·		
Richard Kepple		
. Name o	f Person	
Professional Deplo	yment Solutions, LLC	
Timbo	прац	
190 112th	Ave N #216	
Addr		
Ct Datamb	EL 22746	
	urg, FL 33716 nd Zip Code	
City/State a	n zip Code	
prodeploymente	dutions@amail.com	
E-mail address: (to be used for	slutions@gmail.com future annual report notification)	
For further information cond	erning this matter, please call:	
Richard Kep		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER	ADDRESS: MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporatio		
Clifton Building	P.O. Box 6327	
2661 Executive Center Tallahassee, Florida 32	•	
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:	Professional Deployment Solutions LLC
2. (a) Principal office address of limited liability	company: 190 112th Ave N #216
(Note: MUST BE STREET ADDRESS)	St. Petersburg, FL 33716
(b) Mailing address of limited liability compa	ny: 190 112th Ave N ₽ 16 5 17
(Note: MAY BE POST OFFICE BOX)	St Petersburg, FL 33716 🖔 💆 υ 🚶
May 22, 2009	L09000050285 S
3. Date of filing/registration in Florida	4. Document number
	hown on the records of the Florida Dept. of State:
Registered Agent:	Karmelia Fredrick
Registered Office Address:	United States Corporation Agents, Inc 13303 Winding Oaks Blvd, A-100 Tampa, FL 33612
(b) Enter name of NEW Registered Agent ar	nd/or NEW Registered Office address:
NEW Registered Agent:	Richard Kepple
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRE	
	St Petersburg ,FL33716
of the operating agreement of the finned hability	ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization
Signature of a member or authorized representative of a member	
Richard A. Kepple Printed or typed name of signee	· · · · · · · · · · · · · · · · · · ·
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fi address, I hereby confirm that the limited liability	rent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office o company has been notified in writing of this change.
Signature of Basistand A.S.	
Signature of Registered Agent	

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