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C. LEWIS

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EXAMINER

COVER LETTER

TO: Registration Section *Division of Corporations	·
	taff Support Solutions LLC
Name	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to the following:
Sergio Alcantara	
Name of Person	
Staff Support Solution	ons
Firm/Company	
1022 SW 78 PL	
Address	
Miami Florida 3314	4
City/State and Zip Code	
deals florida@yahoo. E-mail address: (to be used for future annual re	com eport notification)
For further information concerning this	matter, please call:
Sergio Alcantara	at (954) 601-7509
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	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 foll	owing 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:	Staff Support Solutions LLC	
2. (a) Principal office address of limited liability compar	nny: 2210 SW 78 PL	
(Note: MUST BE STREET ADDRESS)	Miami Florida 33144	
(b) Mailing address of limited liability company:	2210 SW 78 PL	
(Note: MAY BE POST OFFICE BOX)	Miami Florida 33144	
02-24-2010	L10000021177	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
Registered Agent:	Sergio Alcantara	
Registered Office Address:	2210 SW 78 PL Miami Florida 33144	\ =
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	EW Registered Office address: SSEE STATES TO SEE STATES TO SEE STATES TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	ロコ
(MUST BE FLORIDA STREET ADDRESS)	Miami ,FL33144	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability compans. Signature of a member or authorized representative of a member.	Florida street address of the registered office	
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provision of and I am familiar with and accept the obligations of my proceedings of the comparation	agree to act in this capacity. I further agree to proper and complete performance of my duties, so it is registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.	

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