

DOCUMENT# L11000013711

Entity Name: ATLAS STAFFING SERVICES, LLC

New Principal Place of Business:

Current Mailing Address:**New Mailing Address:**

FEI Number: _____ **FEI Number Applied For (X)** _____ **FEI Number Not Applicable ()** _____ **Certificate of Status Desired ()** _____

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: PST
Name: XIDIS, DIMITRIOS
Address: 3800 HILLCREST DRIVE, STE 1222
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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: DIMITRIOS XIDIS

P

04/24/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date