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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Pax Number : (954)203-0845

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE MISSION CAPITAL PERSONNEL SERVICES, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

I. N	ame of the limited liability company: Mission Capital	Personnel Services L	LC		
2. (a)	4741 MILITARY TRAIL SUTTE 202	(b) 23975 PARK SORRENTO STE 400			
, ,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5)	Mailing address of limited (Note: MAY RE POST		y:
	JUPITER, FL 33458	Calabasa	s. CA 91302		
	06:03/2014				
2	Date of filing/registration in Florida				····
3, 5. (a)	NR AT SERVICES, INC.	4.	Document number		
J. ()	Registered Agent and Registered Office shown on the records o	of the Florida Dept, of St	nte:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 South Pine Island Road		_	1	
	Plantation, FI	L 33324		ALLA	9091
(b)	C T Corporation System			ESSHWESS	10.00 M 1606
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		_	<u> </u>	
	NEW Registered Office Address:		_	99 3	:0 :3
	1200 South Pine Island Road		_	**************************************	יב
	Plantation FI	L_33324	_		
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the solution or the operating agreement of the Thur Thurball	of the registered office fiability company, it of the limited liabili	ce and the business offi is hereby confirmed the ity company or as other	ice of the regis	stered
Signa	ture of a member		Printed or typed name of	sience	
I herei provisi the obl to mere notified By:	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. If m writing of this change. C.T. Corporation System	tree to act in this ca e performance of my ed för in Chapter 60 hereby confirm that	navity. I harther agree	to comply with	h the ccept filed en
ារជាងយ	te or welliatrica whent				