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PICK-UP WAIT MAIL	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: STAFTEC, LLC	
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Kerry Stafford	
Name of Person	······································
STAFTEC, LLC	
Firm/Company	
526 Oakhurst St	
Address	
Altamonte Springs, FL 32701	
City/State and Zip Code	<del></del>
kerry@staftec.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Kerry Stafford	407 821-8600
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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 following am	ount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

2. (a) 526 OAKHURST ST  Principal office address of limited liability company: (Note: MUST BE STREET ANDRESS)  Altamonte Springs, FL 32701  Altamonte Springs, FL 32701  Date of filing/registration in Florida  JOHN STAFFORD  Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2745 CHADDSFORD CIR APT 203  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  OVIEDO  (b) KERRY STAFFORD  Enter name of NEW Registered Agent and/or NEW Registered Office address:  ALTAMONTE SPRINGS  ALTAMONTE SPRINGS  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirme the change or changes are made, the Florida street address of the registered Office and the business office of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise the articles of graganization or the operating agreement of the limited liability company.  KERRY STAFFORD  Signature of member or authorized representative of a member  I hereby accept the appointment as registered agent and agree to act in this capacity. Infurince agree to act in this capacity.	
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O3/27/2015  Date of filing/registration in Florida  Document number  JOHN STAFFORD  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  2745 CHADDSFORD CIR APT 203  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  OVIEDO  FIGURE 132765  KERRY STAFFORD  Enter name of NEW Registered Agent and/or NEW Registered Office address:  526 OAKHURST ST  NEW Registered Office Address:  ALTAMONTE SPRINGS  FL 32701  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the change or changes are made, the Florida street address of the registered Office and the business office of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise the articles of organization or the operating agreement of the limited liability company.  Signature of member or authorized representative of a member  Printed or typed name of signee to the problem of the problem o	
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provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document to merely reflect a change in the registered office address, I hereby confirm that the limited liability compain the first change.  Signature of Registered Agent	mply with the vith and accep t is being filed ny has been