

L17000066314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

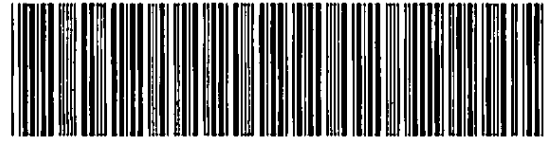
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2018 MAY - 1 PM 12:00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BSD STAFFING LLC  
Name of 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 matter to the following:

DAVID ROWE  
Name of Person

Firm/Company

6925 LAKE ELLENOR DRIVE SUITE 400  
Address

ORLANDO FL 32809  
City/State and Zip Code

D.ROWE@BSDSTAFFING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID WEISS at ( 1215 ) 407-499-2000 EXT 601  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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 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.

1. Name of the limited liability company: BSD STAFFING LLC

2. (a) 6925 LAKE ELLENOR DRIVE (b) 6925 LAKE ELLENOR DRIVE  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

SUITE 400 SUITE 400  
ORLANDO FL 32809 ORLANDO FL 32809

3. 03/23/2017 4. L17000066314  
 Date of filing/registration in Florida Document number

5. (a) STANFIELD, PETER  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
6620 STH ORANGE BLOSSOM TRAIL  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
SUITE 505  
ORLANDO, FL 32809

(b) DAVID ROWE  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
6925 LAKE ELLENOR DRIVE  
NEW Registered Office Address:  
SUITE 400  
ORLANDO, FL 32809

2018 MAY - 1 PM 12: 00  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member David Rowe Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature] Signature of Registered Agent