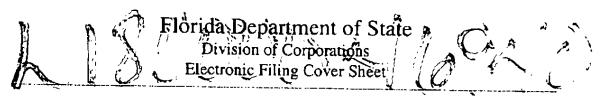
Division of Corporations



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Division of Corporations

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LLC REGISTERED AGENT CHANGE WATERFIELD STAFFING MANAGEMENT, LLC

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Help

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.

l. Na	ame of the limited liability company: WATERFIEL	D STA	AFFING M	1ANAGEMENT, I	LLC		
2. (a)	624 NOTTINGHAM BOULEVARD		(b) 4779 (COLLINS AVENU	UE		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-)	Mailing address of lim	rited liability	company	e.
	WEST PALM BEACH, FL 33405		SUITE	(Non: MAY BE PO	<u>OST OFFICI</u>	E BOX	
		_					
			MIAMI	BEACH, FL 331	40		
	02/21/2018	_	L18000	046940			
3.	Date of filing/registration in Florida	4.		Document numbe	प्र		
5. (a)	C T CORPORATION SYSTEM						
	Registered Agent and Registered Office shown on the records of a 1200 SOUTH PINE ISLAND ROAD	the Flori	a Dept. of St	BIE:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	S	- <u>-</u>			
					五至	20	
	PLANTATION	33324	 I			2019 APR	
(b)	Corporate Creations Network Inc.			_	25.4E	PR 26	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	idress:	_	17 <u>17</u>	-0	55
	11380 Prosperity Farms Road #221E				#35 #35 #35		_
	NEW Registered Office Address:			_		58	
	Palm Beach Gardens .FL	33410		_			
igent w vas/wei	mited liability company is not organized under the law age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial authorized by an affirmative vote of the members of les of organization or the operating agreement of the liability.	the regi bility co the lin imited	stered offic ompany, it i nited liabilit liability cor	e and the business of the hereby confirmed	office of the that the ch herwise pro	e regist	ered
	re of a member or authorized representative of a member			Printed or typed name	of simes		
	v accept the appointment as registered agent and agre ns of all statules relative to the proper and complete p ations of my position as registered agent as provided y reflect a change in the registered office adaress, I he in unting of this change.	e to act erform for in t ereby c	t in this cap ance of my Chapter 60: onfirm that	acity. I further agre duties, and I am Jan 5, F.S. Or, if this do the limited liability	ee to comp niliar with cument is company l	ly with and ac being fi as bee	the cept iled n
1970	Ryan Sullivan, Special Secretary						