

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307) 200 - 2803 : (855)330-1010 Fax Number

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LLC REGISTERED AGENT CHANGE JANETTA STAFFING AGENCY, 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.

. Na	ome of the limited liability company: JANETTA	A STA	FFING AGENCY, LLC
?. (a)	2421 NW 5TH ST.	.1.5	2421 NW 5TH ST.
(4)	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	POMPNO BEACH, FL 33069		POMPNO BEACH, FL 33069
	03/16/2018	 L	18000068967
3.	Date of filing/registration in Florida	4.	Document number
i. (a)	UNITED STATES CORPORATION AGENT	S, INC.	
i. (a)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	13302 WINDING OAK COURT		
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	
	Α		18 IVA 29
	TAMPA	33612). · · · · · · · · · · · · · · · · · · ·
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 3030 N. Rocky Point Dr. NEW Registered Office Address: STE 150A		AN 10: 06
	Tampa	33607	
the chagent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the regist lability cor of the limit c limited lia	ered office and the numbers office of the register inpany, it is hereby confirmed that the change(s) led liability company or as otherwise provided in ability company. / Park
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob- to men natitio	thy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provid- tely reflect a change in the registered office address, I discripting of this change. Bill Havre - Assista		•
Signat	ure of Registered Agent		•