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| | (City/S | State/Zip/F | hone #) | | |
| PICK-U | Ρ | 🗌 war | Г | MAIL | |
| | (Busin | ess Entity | / Name) | | |
| | (Docu | ment Nun | nber) | | |
| ed Copies | | Certifi | cates of | Status | |
| cial Instruction | s to Fili | ing Office | r: | | |
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COVER LETTER

|): | Registration Section | | | | | |
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| | Division of Corporations | | | | | |

DC Staffing, LLC J**BJECT:**

Name of Limited Liability Company

ar Sir or Madam:

e enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

ase return all correspondence concerning this matter to the following:

na Cineus

Name of Person

CStaffing, LLC

Firm/Company

17 Edgewater drive Ste 1816

Address

lando Florida 32804

City/State and Zip Code

staffinglle@gmail.com

E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

1a Cineus

343-0056

407

at (

Name of Person

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Area Code & Daytime Telephone Number

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

🖬 \$25 Filing Fee

\$55 Filing Fee & Certified Copy

T Sector States of the sector OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

irsuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company bmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| (a) 4317 Edgewater dr Ste 1816 Orlando FL 32804 | (b) [[] | (b) 1317 Edgewater dr Ste 1816 Orlando FL 32804 | | | | |
|---|---|--|----------------------------|--|--|--|
| Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | (0) | | | | |
| 1317 Edge matter dri stel | 816 1 | 317 Elerun | ter dr. ste kit | | | |
| 07/Ando 51 32504 | <u>C</u> |)5/Andr 51 | 31804 | | | |
| 08/10/2018 | L18 | 8000192792 | | | | |
| Date of filing/registration in Florida | 4. | Document n | umber | | | |
| Dina Cineus 1630 Kendrick dr H Kissimmee Fl, 3474 | l | | | | | |
| Registered Agent and Registered Office shown on the record 1630 Kendrick dr Apt H | s of the Florida Der | of State: | | | | |
| Registered Office Address (MUST BE FLORIDA STRE | <u>ET ADDRESS)</u> | | | | | |
| 1630 Kendrick dr Apt H | | | 5. 2020 HOV 16 | | | |
| Kissimmee | Kissimmee | | | | | |
| Dina Cineus b) | | | - G P | | | |
| Enter name of NEW Registered Agent and/or NEW Registered | ered Office address | <u></u> | E | | | |
| Dina Cineus 1317 Edgewater dr Ste 1816 Orlando Fl. | | 38 | | | | |
| <u>NEW</u> Registered Office Address: | | | | | | |
| 1317 Edgewater dr Ste 1816 | · | <u>_</u> | | | | |
| Orlando | FL | | | | | |
| te limited liability company is not organized under the nge or changes are made, the Florida street address of it will be identical. Or, in the case of a Florida limited (were authorized by an affirmative vote of the membe articles of organization or the operating agreement of the | the registered of I liability compa rs of the limited | fice and the business my, it is hereby conf liability company or | s office of the registered | | | |
| hi tra | Dina Cin | eus | | | | |
| gnature of a member or authorized representative of a member | | Printed or type | d name of signee | | | |

e visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed nerely reflect a change in the registered office address. I hereby confirm that the limited liability company has been v ified in writing of this change.

nature of Registered Agent

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00