Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for Sture annual report mailings. Enter only one email address please.*

Email Address:

LLC REGISTERED AGENT CHANGE AFFIRMATIVE LEGAL STAFFING, 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.

N	ame of the limited liability company: Affirmati	ve Legal	Staffing, LLC
. (a)		(b)	
, , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			.000334712
	07/23/21		
	Date of filing/registration in Florida	4.	Document number
(b)	VAUGHN, NERINDA A		
	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	, of State:
	5102 BELMERE PKWY		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Registered Office Address (MUST BE FLORIDA STREET	stered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	APT. 1404		FIL 2021 JUL 26 SEUTE BARY ALL AHASSE
	TAMPA	_L 33624	753E
	Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	ed Office address:	PM I2: 57 FI ORIGE
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg,	33702	
he ch gent vas/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the	or the registered liability compa s of the limited	iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
		Riley P	
Sign	Ritury Tak.	,,	Printed or typed name of signee
her rovi he ol o me otifi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provid rely reflect a change in the registered office address, ed in writing of this change.	te perjormance ded for in Chap I hereby confir	ner 605, F.S. Or, if this document is being fill on that the limited liability company has been
5	Bill Havre - Assista	ant Secretary	1

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