## 122000618479

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## **COVER LETTER**

Division of Corporations		
SUBJECT: Staffing Matches LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
<u>Jessica</u> <u>Neff</u> Name of Person		
Staffing Matches, Ll		
12498 Marsh Pointe Re		
Sarasota FL 34238 City/State and Zip Code	_	
Dessica Destaffing matches, com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Dessica Neff at (424) Name of Person	) 202 - 1800 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

\$25 Filing Fee

Enclosed is a check for the following amount:

□ \$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: Staffing Matches, LC	
2. (a)	
12498 Marshe Pointe Rd 1	
12498 Marshe Pointe Rd L Same Sarasota, FL 34238	
May 2022 L 22000218479	
3. Date of filing/registration in Florida 4. Document number	
5. (a) Brick Business Law	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
3413 W Fletida Ave	
Tampa .FL 34238	
(b) Dessica Neff	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
John Nadolski	
NEW Registered Office Address:	
12498 Marsh Pointe Rd	
Sarascta FL 34238	
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 of a member or authorized representative of a member  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 of Registered Agent	