

MO8000003070

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

RE-SUBMIT

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Please retain original
date of submission 11/19

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALLSTATES TECHNICAL STAFFING SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	046
Estimated Charge	\$25.00

NOV 21 2013

A. LUNT

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11/20/2013 11:22:31 AM PAGE 1/001 Fax Server



November 20, 2013

FLORIDA DEPARTMENT OF STATE

ALLSTATES TECHNICAL STAFFING SERVICES, LLC
1900 INTERNATIONAL DRIVE
BIRMINGHAM, AL 35243US

SUBJECT: ALLSTATES TECHNICAL STAFFING SERVICES, LLC
REF: M08000003070

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Agnes Lunt
Regulatory Specialist II

FAX Aud. #: E13000256240
Letter Number: 413A00026827

RE-SUBMIT

Please retain original filing
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RECEIVED
13 NOV 20 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allstates Technical Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

charmane.whatley@kbr.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
2013 NOV 19 PM 3:26
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Allstates Technical Services, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 06/27/2008

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
 5. New name of the limited liability company: Technical Staffing Resources, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.," or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

Charmaine R. Whitley

Typed or printed name of signee

Filing Fee: \$25.00

2013 NOV 19 PM 3:25

FILED

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ALLSTATES TECHNICAL SERVICES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "TECHNICAL STAFFING RESOURCES, LLC", THE FOURTEENTH DAY OF NOVEMBER, A.D. 2013, AT 1:56 O'CLOCK P.M.



2184074 8320

131317702

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0902931

DATE: 11-18-13