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File No: 5017166.0001

CHERYL L. HOLST, PARALEGAL DIRECT DIAL: 314.333.3842 cholst@spencerfane.com

July 3, 2019

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Labor Source LLC File # M09000001306

Dear Sir/Madam:

Pursuant to your letter of June 24, 2019, enclosed please find the completed Statement of Change for Registered Agent. Please process this document.

Please return a recorded copy to our office in the enclosed self-addressed stamped envelope. If you have any questions or need additional information, please contact us.

Very truly yours,

Churge & Holer

Cheryl L. Holst Paralegal

CLH Enclosures

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. N	ame of the limited liability company.	ELLC							
2. (a)	955 W. LANCASTER ROAD	(b) 95	5 W.	LAN	CASTER	RQAD			_
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0))		g address of lin e: MAY BE P				~
	UNIT 1	UN	VIT 1					_	
	ORLANDO, FL 32809	OF	RLAN	DO, 1	FL 32809				_
	APRIL 27, 2011	MOS	30000	0130)6				
3.	Date of filing/registration in Florida 4	 I.			unent numbe	 er			-
5. (a)	CAPITOL CORPORATE SERVICES, INC.								
J. (4)	Registered Agent and Registered Office shown on the records of the F	lorida Dept.	of State						
	515 EAST PARK AVENUE								
	Registured Office Address (MUST BE FLORIDA STREET ADDI 2ND FLOOR	RESSI				!	SEC	1 <u>9</u>	
	TALLAHASSEE , FL 323	301						2 NUI	1
(b)	SPENSERV, INC.					-	57 57 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	-t	۲ - 171
	Enter name of NEW Registered Agent and or NEW Registered Office	<u>e address</u> :					- 02	PH	0
	201 N. FRANKLIN STREET							1:39	
	NEW Registered Office Address.						(*		
	SUITE 2150								
	TAMPA FI 336	502							
the char agent w was/wei the artic	mited liability company is not organized under the laws of nge or changes are made, the Florida street address of the r fill be identical. Or, in the case of a Florida limited liabilit re authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limit	registered y compan limited li	office by, it is iability ty com	and thereby company	he business by confirmed pany or as of G-147	office of I that the therwise	the reprised to the reprised t	gistered	1
	ure of 5 member of authorized representative of a member				d or typed name				-
provisio provisio the obli- to mere- notified	y accept the appointment as registered agent and agree to ous of all statutes relative to the proper and complete perfo- gations of my position as registered agent as provided for by reflect a change in the registered office address. I hereb in writing of this change.	i act in thi prmance c in Chapte by confirm	is capa of my di er 605, i that th	city, luties, F.S. he lim	I further agi and I am Ja. Or, if this d uted liability	rée to con miliar wi ocument r compan	mply w ith ana is beit iv has	ith the accep ig filed been	r
	Spens Spens	serv, I	lic.	by:	Justin	Leck,	Vice	Pres	sident
Signaturi	dof Registered Agent			-					
	Division of Corporations • P.O. Box 6 FILING FEE: S		llahass	ee, F	L 32314				

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