## M0900001306

<u> </u>	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP					
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

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TALLAHASSEE, FLORIDA



Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.		12000000195		
	REFERENCE	:	918319	8422358	
	AUTHORIZATION	:	- 1		
	COST LIMIT	: 6	15,25,1000C	non	
			7 N		
ORDER DATE :	August 3, 2023				
ORDER TIME :	1:26 PM				
ORDER NO. :	918319-007				
CUSTOMER NO:	8422358				
			- <b></b>		<b></b>

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## CHANGE OF AGENT

NAME: LABOR SOURCE, LLC

FORCED DBA: ONE SOURCE STAFFING AND LABOR LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

## 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:	RCE STAFFING AND L	ABOR LLC
2. (a)	955 W. Lancaster Road, Unit 1	(b)	
2. (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Orlando, FL 32809		······
	04/06/2009	M090000	01306
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Spenserv, Inc.		
9. (a)	Registered Agent and Registered Office shown on the record	rds of the Florida Dept. of St	
	201 N. Franklin Street		1AL
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	T A TI
	#2150		TALLAHASSI
	Tampa	.FL 33602	
			AHIO: 16
(b)	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:	FLORIDA
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		_
	Tallahassee	, FL	
change agent w was/we the arti-	mited liability company is not organized under th or changes are made, the Florida street address of /ill be identical. Or, in the case of a Florida limite re authorized by an affirmative vote of the memb- cles of organization or the operating agreement of	f the registered office and ed liability company, it ers of the limited liabili f the limited liability con	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
	/ Jill Cilmi	Jill Cilmi, Autr	norized Person
-	ure of a member or authorized representative of a member		Printed or typed name of signee
provision the oblicity of the oblic to mere	y accept the appointment as registered agent and ons of all statutes relative to the proper and comp gations of my position as registered agent as prov ly reflect a change in the registered office addres. I in writing of this change.	vided for in Chapter 60 s, I hereby confirm that	suffes, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	Center	Corporation Servic - Ami M. Casper, As	
Signatur	e of Registered Agent	······································	

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

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