M110000039719

(Requestor's Name)					
(Address)					
(Ad	ldress)				
(Ĉit	ty/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
,					

Office Use Only

G. MCLEOD

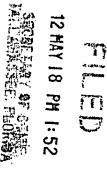
MAY 21 2012

EXAMINED



800235121738

05/18/12--01010--020 **50.00



COVER LETTER

TO: Registration Section Division of Corporations						
	MCM Staffing Solutions, LLC Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning	this matter to the following:					
Lynda DeFrain						
Name of Person						
MCM Staffing, LLC Firm/Company						
c/o 1451 E. Lincoln Address	· 					
Madson Heights, MI 4871 City/State and Zip Code						
Idefrain@cniinc.cc E-mail address: (to be used for future annual report no	otification)					
For further information concerning this matter	er, please call:					
Lynda DeFrain	at (<u>734</u>) <u>620-8234</u>					
Name of Person	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	\$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 608.416 or 608.508, 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:	MCM Staffing Solutions, LL	C	_		
2. (a) Principal office address of limited liability comp	pany: 26300 Northwest	ern Hwy.	_		
(Note: MUST BE STREET ADDRESS)	Suit 410 Southfield, MI 48076		<u>-</u>		
(b) Mailing address of limited liability company:	26300 Northwestern I	Hwy.			
(Note: MAY BE POST OFFICE BOX)	Suite 410 Southfield, MI 48076		- -		
08/08/2011 3. Date of filing/registration in Florida	M11000003979 4. Document number		-		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	Maria V. Nugent	124	_		
Registered Office Address:	10429 Greenmont Drive Tampa, FL 33626	12 M	- -		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u>	NEW Registered Office address:	16 bit	M		
NEW Registered Agent:	CT Corporation System	5			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	52	-		
(MUSI BE FLUXIDA SIREEI ADDRESS)	Plantation,F	L33324	- -		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the limited liability company or as of the limited liability company or as of the limited liability company or an ember of a member of a m	e Florida street address of the registe lentical. Or, in the case of a Florida e(s) was/were authorized by an affir therwise provided in the articles of o	ered office limited mative vote			
Jorge J. Morales					
Printed or typed name of signee	al monarda mad badhin amanaida. T.G.	tlanu merca 4 -			

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 608, 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.

Assistant Scorolary

Ashley Pipes

Signature of Registered Agant

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

COVER LETTER

TO:	Registration' Division of C				
SUBJ	ЕСТ:	MCM Staff Name of Foreign			
Dear S	Sir or Madam:				
The er	nclosed applica	ation, certificate and fee(s) a	re submitted fo	or filing.	
Please	return all corr	espondence concerning this	matter to the	following:	
		Lynda G. DeFrain		•	
		Name of Person			
		MCM Staffing, LLC			
		Firm/Company			
		c/o 1451 E. Lincoln			
		Address			•
	Mad	ison Heights, MI 48071			
		City/State and Zip Code			
		ldefrain@cniinc.cc			
E-m	nail address: (to	be used for future annual r	eport notificat	ion)	
For fu	rther informati	on concerning this matter, p	lease call:		
	Lynd	a DeFrain	at (734)	620-8234
	Nam	e of Person	Area Code	& Daytim	ne 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			
	sed is a check Filing Fee	for the following amount: \$\int \$30\$ Filing Fee & Certificate of Status	S55 Filing	•	\$60 Filing Fee, Certificate of Status & Certified Copy