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1 AND SSEE FLORING.

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: November 29, 2016

Order#: 349105-365

Re: STAFF MANAGEMENT SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	me of the limited liabil	ity company: STAFF MANA	AGEMENT	SOLUTION	ONS, LLC		
2.	(a) 860 W Evergreen Avenue Principal office address of limited liability (Note: MUST BE STREET AD)		ress of limited liability company:	(t)	S	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Chicago IL	13145					
		03/13/2012			M1200	0001410	·····	
3.		Date of filing/	registration in Florida	4.		Document number		
5.	(a)	C T CORPORATIO	N SYSTEM					
	()		tered Office shown on the records of	of the Florida	a Dept. of S	State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	1200 SOUTH PINE ISLAND ROAD					<u> </u>		
		PLANTATION	, F	FL <u>3332</u> 4	4	-1 J	H	
	<i>a</i> >	Corporation Sonice Company		OF STATE	Ď			
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:			3.2			
						>		
		1201 Hays Street				_)	* 444	
		NEW Registered Office Address:			``			
								
		Tallahassee	, I	FL 32301	<u> </u>	<u></u>		
the ag wa the	e cha ent v is/we arti	nge or changes are mad vill be identical. Or, in the authorized by an aff cles of organization or	le, the Florida street address the case of a Florida limited irmative vote of the members the operating agreement of the control of the contr	of the regi liability co s of the lin he limited	stered of ompany, nited liab liability o	thorized Person	f the registered e change(s) provided in	
	- 1	<i>(</i>)	ed representative of a member			Printed or typed name of signe		
pr the to no	ovisi e obl mera tifica	ons of all statutes relating attentions of my position ely reflect a change in the firm writing of this chart	ive to the proper and comple as registered agent as provid he registered office address,	te perform ded for in I hereby c	iance of h Chapter (confirm th	rapacity. I further agree to come duties, and I am familiar wo follow, F.S. Or, if this document at the limited liability compa	vith and accept t is being filed ny has been	