## M150000 0 3273

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(Re	(Requestor's Name)				
(Ad	dress)				
	<b>,</b>				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies	Certificates	s of Status			
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JUN 20 2016 S. YOUNG

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	StarTek Workforce Solutions	s, LLC				
00101		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the	following:			
Parni	ya Whitehead					
	Name of Person		<del></del>			
StarT	ek Workforce Solutions, LLC		•	6 111		
	Firm/Company			وسيا		
1342	Redbourne Lane			-		
	Address		<del></del>			
Ormo	nd Beach, FL 32174		•			
	City/State and Zip Code					
Parni	ya@strteks.com					
Ē	-mail address: (to be used for future ann	ual report notif	fication)			
For fur	ther information concerning this matter,	please call:				
Parniy	ya Whitehead	434 at (	8822706			
	Name of Person		Area Code & Daytime Telephone Number	r		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.G	egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314			
Enclosed is a check for the following amount:						
	□ \$25 Filing Fee	<b>2</b> \$:	55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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	nme of the limited liability company: StarTek Workf	orce S	Solutions, L	LC
2	(a)	305 East California Street	(t	1342 Red	dbourne Lane
	(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Stu B		Ormond E	Beach , FL 32174
		Gainesville, TX 76240	<b></b>		
		4/21/2015		M1500000	3273
3.		Date of filing/registration in Florida	4.	ì	Document number
5.	(a)	United States Corporation Agents, Inc			70
٠.	(a)	Registered Agent and Registered Office shown on the records of the	ne Florida	a Dept. of State:	16 JUL 17
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES!	<u></u>	一 道
		13302 Winding Oaks CT A			-9 mg
		Tampa , FL	33612		2: 79
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Parniya Whitehead	Office ad	dress:	
		NEW Registered Office Address:		· · ·	
		1342 Redbourne Lane			
		Ormond Beach , FL	32174		
the ag	e cha ent v is/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regi bility co f the lin imited	stered office ompany, it is nited liability liability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
	Siona	hure of a member or authorized representative of a member	Pal	rniya White	Printed or typed name of signee
I pr	here ovisi e obi mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to ac perform! for in ereby c	t in this capa	city. I further agree to comply with the

Signature of Registered Agent