

M1600001034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

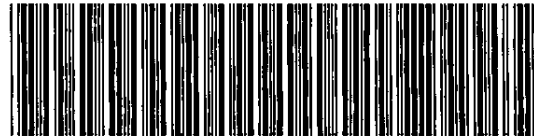
(Business Entity Name)

(Document Number)

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DEC 20 2016  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 DEC 19 PM 4:01



707 Mendham Boulevard, Suite 250, Orlando, FL 32825

December 9, 2016

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**RE: Coastside Staffing Group for Florida, LLC**

Dear Sir/Madam:

Enclosed please find the executed Statement of Change of Registered Office or Registered Agent and the check in the amount of \$25.00 for processing.

Should you have any questions, do not hesitate to contact me. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink that reads 'Theodore Bryant/EK'.

Theodore G. Bryant  
General Counsel – E.V.P.

TGB/er

Enclosures

DEC 13 2016  
TALLAHASSEE, FL 32314  
PM 4:01

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coastside Staffing Group for Florida, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zachary A. Collier, President

Name of Person

Coastside Staffing Group for Florida, LLC

Firm/Company

707 Mendham Blvd., Suite 250

Address

Orlando, FL 32825

City/State and Zip Code

corp.regulatory@countrywidehr.com

E-mail address: (to be used for future annual report notification)

16 DEC 19 PM 4:01  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

Zachary A. Collier, President at 407 517-9403  
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 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. Name of the limited liability company: Coastside Staffing Group for Florida, LLC
2. (a) GEORGE BRYANT  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
305 NE 175TH STREET  
SHORELINE, WA 98155
- (b) GEORGE BRYANT  
Mailing address of limited liability company.  
(Note: MAY BE POST OFFICE BOX)  
305 NE 175TH STREET  
SHORELINE, WA 98155
3. 02/05/2016  
Date of filing/registration in Florida
4. M16000001039  
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State.  
C T CORPORATION SYSTEM

Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

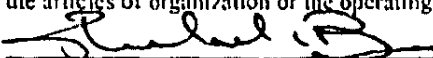
- (b) InCorp Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

17888 67th Court North

Loxahatchee, FL 33470

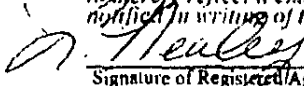
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Theodore A. Bryant, Secretary

Printed or typed name of signer

*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 605, 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.*

  
Signature of Registered Agent

Leora Nealey on behalf of InCorp Services, Inc.

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

16 DEC 19 PM 4: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA