

(R	Requestor's Name)				
(A	ddress)				
(A	ddress)				
(C	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(B	Business Entity Name)				
(C	Occument Number)				
Certified Copies	Certificates of Status				
Special Instructions to	o Filing Officer:				
umils					
	Office Use Only				



04/03/24--01020--01: **55.00



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Onesource Staffing, L.L.C.		
	Nar	ne of Limited	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to t	ne following:
Sheila	Brown		
	Name of Person		
Oneso	urce Staffing, LLC		
-	Firm/Company		
432 M	agazine St		
	Address		
Tupelo	o, MS 38804		
	City/State and Zip Code		
ajoyce	@wisestaffinggroup.com		
 1	E-mail address: (to be used for future ann	ual report no	tification)
For fu	rther information concerning this matter.	please call:	
Sheila	Brown	662 at (680-5062
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following	amount:	
	. \$25 Filing Fee	4	\$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. Na	ame of the limited liability company: Onesource Staffin	ng, L.L.	C.					
2. (a)			(b)					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	_	ss of limited liability co			
	432 Magzine St		432 Magazine St					
	Tupelo, MS 38804		Tupelo, l	MS 38804	4S 38804			
	02-13-2019		M1900000	01549				
3.	Date of filing/registration in Florida	- 4.		Document	number			
5 (a)	CT Corporation System							
5. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of St	tate:				
	CT Corporation System							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)					
	1200 South Pine Island Road							
	Plantation , FI	L ³³³²⁴	-		70	•		
					2024 APR SECON			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				PR	::::::::::::::::::::::::::::::::::::::		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	address:		(A) &			
	Payroll/Garnishment Department Wife Staff	ina	Services,	Iv.	PH 12: 04			
	NEW Registered Office Address:		,	_ •	3:5	_		
	2537-A NW 72nd Avenue							
	Miami , FI	L_33122						
chango agenta was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liest authorized by an affirmative vote of the members of the operating agreement of the	e registe ability of the l limited	ered office a company, it imited liabil	and the busing is hereby could lity company	ess office of the reg nfirmed that the cha	istered inge(s)		
Signa	ture of a member or authorized vepresentative of a member	_		Printed or ty	ped name of signee			
I here provisi the obl to mer	by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a perfor d for it hereby	ect in this ca mance of my a Chapter 60 confirm tha	pacity. I furt y duties, and 05. F.S. Or. i u the limited	ther agree to compl I am familiar with i If this document is b liability company h	y with the and accept peing filed as been		
	rela Brown							
ಎignatu	re of Registered Agent							