

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name)	(Document #)
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NEW FILINGS	AMENDMENTS CONTRACTOR OF THE PARTY OF THE PA
☐ Profit	Amendment 29
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal
Domestication	Dissolution/Withdrawal
Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	
Fictitious Name	Foreign O O O
I volitious I valle	Limited Partnership Reinstatement
	Trademark
	Other Other
P2F()31/7/07)	Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the S	507.1508, or 617.1508, Florida Statutes,
submits the following statement in order to change its register	•
the State of Florida.	
1. The name of the corporation is: LTS PERSONNEL, IN	IC,
2. The mailing address of the corporation is: 1110 N.E.	. 196th Street
Miami, FL	33179
3. Date of incorporation/qualification: 3/3/2000	Document number: P00000024791
4. The name and address of the current registered agent and off	ice:
Olga Wellman	<u>. </u>
1110 NE 196th Street, Miami,	FL 33179
5. The name and address of the new registered agent and office	: (P. O. Box Not Acceptable)
Olga Wellman	
12555 BiBcayne Boulevard, #990	29
Miami, FL 33181	
The street address of its registered office and the street address agent, as changed, will be identical.	ss of the business office of its registered
Such change was authorized by resolution duly adopted by its authorized by the board.	
Dlag & Coll man	
(Signature of an officer, chairman or vice chairman of the board)	(Date)
OLGA WELLMAN PRESIDENT (Printed or typed name and title)	<u>. </u>
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered as I further agree to comply with the provisions of all statutes reperformance of my duties, and I am familiar with and accept registered agent.	gent and agree to act in this capacity. Slative to the proper and complete
Olga Walmon	JUNE 26, 2000
OLGA WELLMAN	(Date)
If signing on behalf of an entity:	DDECTDENM
OLGA WELLMAN (Typed or Printed Name)	PRESIDENT (Capacity)

* * * FILING FEE: \$35.00 * * *