

PO00000 89588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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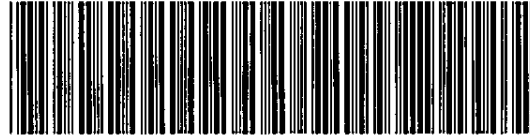
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Ace Staffing Unlimited Management Inc
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Meyer
Name of Contact Person

Ace Staffing Unlimited Management Inc
Firm/Company

16214 CR 448
Address

Mc Don FL 32757
City/State and Zip Code

lmeyere acestaffingunlimited.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Meyer at (352) 385 0174 X102
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ace Staffing Unlimited Management Inc.
 2. The principal office address: 16214 CR 448 Mt Pina FL 32177

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/21/2000 Document number: P 000000 89388

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Hennings, Richard W
213 N Joanna Ave
Yarves FL 32778

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alexander B Cvercko
13500 Sutton Park Dr. S., #304
P.O. Box NOT acceptable
Jacksonville FL 32224

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
 Signature of an officer or director

Tanya Meyer
 Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
 Signature of Registered Agent

2/6/15
 Date

If signing on behalf of an entity:

 Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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