# P010000 2267/

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ALL AHASSEF, FLORIDA

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### **COVER LETTER**

Division of Corporations			
SUBJECT: SaniStaff Ser (Name of Corporation)  DOCUMENT NUMBER: PO 10000 226	vices, Inc		
DOCUMENT NUMBER: P01000022671			
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
Denise Russell			
(Name of Contact Person)			
Lamont & Auchampau, P.A.			
(Firm/Company)			
P.O. Box 6026			
(Address)			
Clearwater, FL			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Denise Russell at (7 (Name of Contact Person) (A	(27 ) 772-7344 Trea 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	Street Address: Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

DENISE RUSSELL P.O. BOX 6026 CLEARWATER, FL 33758

SUBJECT: SANISTAFF SERVICES, INC.

Ref. Number: P01000022671

We have received your document for SANISTAFF SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

What are your changes?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Document Specialist

Letter Number: 906A00011201

FEB 2 1 2006



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2006

DENISE RUSSELL P.O. BOX 6026 CLEARWATER, FL 33758

SUBJECT: SANISTAFF SERVICES, INC.

Ref. Number: P01000022671

We have received your document for SANISTAFF SERVICES, INC. and your check(s) totaling \$1050.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

SINCE THE PRINCIPAL/MAILING ADDRESS IS THE ONLY CHANGE AND THE REGISTERED AGENT REMAINS THE SAME, THE SUBMITTED FORM IS INCORRECT FOR FILING. AN AMENDMENT SHOULD BE FILED.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist

Letter Number: 906A00014436

lieg. Agent Change I Principal office address

MAR 0 6 2006 BY:

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

statement of change is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of Florida	
	red office or registered agent, or both, in the State of Florida.  Sanistaff Services, Inc.	
The name of the corporation:      The principal office address:	3040 Gulf To Bay Blvd. Clearwater, FL 33759	-
3. The mailing address (if different):	3040 Gulf To Bay Blvd. Clearwater, FL 33759	-
4. Date of incorporation/qualification:	03/05/2001 Pocument number: P01000022671	•
Florida Department of State:	nument registered agent and registered office on file with the	
·		
640	0 Count Turf Trail	
Tal	lahassee, FL 32309  ALCAPET AND SECOND SECON	
(if changed):  3040 Gu	VID A LAWYOUT ESCALUIC FOR 20 100, Box NOT sceepable)  Will Box NOT sceepable)  Will Box NOT sceepable)  Will Box NOT sceepable)  Will Box NOT sceepable)	FILEU
as changed will be identical.	fice and the street address of the business office of its registered agent,	
Such change was authorized by resol authorized by the board, or the corpo	ution duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.	
Bol Dech	Bob Heck, D	
(Signature of an officer of director)	(Printed or Greed name and title)	
I hereby accept the appointment as re I further agree to comply with the pro of my duties, and I am familiar with a accument is heing filed merely to ref corporation has been notified in writ	egistered agent and agree to act in this capacity. Svisions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this lect a change in the registered office address, I hereby confirm that the ing of this change.	
1	05-22-06	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:	•	
DAVID A: LAMON		
(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 CR2E045 (8/05)