Po 3000027541

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



100156942671

OF JUN 15 AN 10: 51

FILED

O9 JUN 15 PH 2: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.COULLIETTE

JUN 15 2009

EXAMINER



N SERVICE COMPANY					
ACCOUNT NO. : 12000000195					
REFERENCE : 034841 10041A					
AUTHORIZATION : Spelle le man					
COST LIMIT : \$35.00					
ORDER DATE: June 12, 2009					
ORDER TIME : 9:51 AM					
ORDER NO. : 034841-027					
CUSTOMER NO: 10041A					
CHANGE OF AGENT					
NAME: STAFFING CONCEPTS VIII, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTROCT DEDCON Notables Vener 1970 2000					
CONTACT PERSON: Matthew Young EXT# 2962					
EXAMINER:					

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S inge is submitted for a corporation organized under the laws of the State of $\frac{1}{2}$ in the state of Fig. 1. The stat	FLORI		_
1. The name of t	the corporation: STAFFING CONCEPTS VIII, INC.			
2. The principal	office address: 4224 W. Henderson Boulevard,			
	FL 33629-5611			
	ddress (if different): 4224 W. Henderson Boulevard, FL 33629-5611			
4. Date of incorp	poration/qualification: 03/07/2003 Document number: P0300	002754	1	
5. The name and	I street address of the current registered agent and registered office on file wi tment of State:			
	Jane Phillips	_		
	4224 W. Henderson Boulevard	_		
	Tampa, FL 33629-5611	SE	9	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered off	CRETAR L'AHAS	21 NUL 60	Currents G E Currents
	Corporation Service Company	133 10 X	3	m
	1201 Hays Street	 15.∃		
	(P.O. Box NOT acceptable)	RAI	2: 30	
	Tallahassee, FL 32301	_ >		
The street address changed will	ess of its registered office and the street address of the business office of it be identical.	ts register	ed age	ent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an board, or the corporation has been notified in writing of the change.	officer s	O	
Jan-	Tare Ph. II, pis, So (Printed or typed name and	ecetw	7	
By: Corporat	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registered in giled merely to reflect a change in the registered office address, I here is been notified in writing of this change. Stature of Registered Agent) (Date)	nplete per d agent. by confirr		nce this the
If signing on be	half of an entity:			
Michelle R.	Vannoy, Assistant VP			
(1	Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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