

P03000156643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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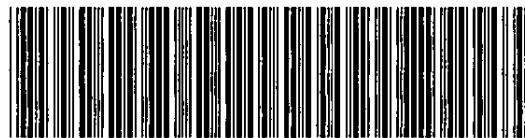
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2008

OUTSOURCING SERVICES BA, INC.
2365 E 13TH ST. APT 1N
BROOKLYN, NY 11229

SUBJECT: OUTSOURCING SERVICES BA, INC.
Ref. Number: P03000156643

*Sent money +
form Back
incomplete*

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Part 6 of your form must be filled out with the name and address of new registered agent.

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
Regulatory Specialist II

Letter Number: 808A00058146

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Outsourcing Services AB, Inc.
2. The principal office address: 97 Wheatfield Dr, Apt A
PALM COAST, FL 32164
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/26/2005 Document number: PO300015643

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) PO3000156643

Resigned

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

Bennadiy Gershanovich

97 wheatfield Dr, Apt A

(P.O. Box NOT acceptable)

PALM COAST, FL 32164

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 so authorized by the board, or the corporation has been notified in writing of the change.

Gershanovich

(Signature of an officer or director)

GERSHANOVICH, PRESIDENT

(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.

Gershanovich

(Signature of Registered Agent)

11/07/08

(Date)

If signing on behalf of an entity:

alkfjsaldfj

(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)