

704000044348

(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



300269331573

02/13/15--01014--017 \*\*35.00

15 FEB 13 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
AND  
FILED

*Handwritten signature*  
507 87 334

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Ace Staffing Unlimited 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 Inc  
Firm/Company

16214 CR 448  
Address

Mt Dora FL 32757  
City/State and Zip Code

lmeyer@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 Ext 102  
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 Inc
2. The principal office address: 16214 CR 448
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/10/2004 Document number: P04000044348
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)

Richard Hennings  
213 N To Gana Ave  
Tamara FL 32918

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

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

15 FEB 13 PM 1:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPROVED  
 AND  
 FILED

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.

[Signature] President Tanya Meyer  
 Signature of an officer or director 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] 2/6/15  
 Signature of Registered Agent 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  
 CR2E045 (03/12)