

(((H20000235685 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BOWEN, SCHROTH, MAZENKO & BROOME, P.A.

Account Number : 120150000108 Phone : (352)589-1414 Fax Number : (352)569-1726

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

zbroome@bowenschroth.com Email Address:

## REGISTERED AGENT CHANGE ACE STAFFING UNLIMITED, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

JH 22 TO

H20000235685 3

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Loe Staffing Unlimited INC Name of Corporation
DOCUMENT NUMBER: PU 40000 44 348
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:
Tanga Marie of Contact Person  Ace Stacking Unlimited True
16214 OR 448 Address
M+ Doa FL 32787 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (362) 385 0174 XD  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

CR2E045 (03/12)

Page: 3 of 3

## 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: Re Staffing Unlimited FRC
2. The principal office address: 16214 CR 448 Mt DNa FC 32157
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/6/2004 Document number: P0406044348
<ol><li>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)</li></ol>
Alex Cvercko
13.500 Sulton flork DRS Ste 304 00 3
6. The name and street address of the new registered agent (if changed) and (or registered office.
(if changed):
Zachary Broome Fig & C
Elistis PL 32/126
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 of the officer or director Tanya Mayor.
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to copinly 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.
3303 7/14/20
Signature of Registered Agent Date
If signing on behalf of an entity:
Topes of 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)