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SECRETARY OF STATE  
HALL AHBSEE, FLORIDA

20/5/2/06/04

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE DIRECT OUTSOURCE GROUP, INC  
(Name of corporation)

**DOCUMENT NUMBER:** P04000129208

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:

JASON MENCHEN  
(Name of contact person)

THE DIRECT OUTSOURCE GROUP, INC  
(Firm/Company)

2002 NORTH LOIS AVE. STE 610  
(Address)

TAMPA FL 33607  
(City/state and zip code)

For further information concerning this matter, please call:

JASON MENCHEN at (813) 314-2188  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: THE DIRECT OUTSOURCE GROUP, INC.  
2. The principal office address: 2002 NORTH LOIS AVENUE, SUITE 610  
TAMPA FL 33607  
3. The mailing address (if different): 2002 SAME

4. Date of incorporation/qualification: 9/13/04 Document number: P04000129208

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

2002 NORTH LOIS AVENUE, SUITE 610  
TAMPA FL 33607  
REGISTERED AGENT: JASON MENCHEN

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

10150 HIGHLAND MANOR DRIVE, SUITE 200  
TAMPA FL 33610  
(P.O. Box NOT acceptable)  
REGISTERED AGENT: JASON MENCHEN

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]  
(Signature of an officer or director)

JASON MENCHEN, 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.

[Signature]  
(Signature of Registered Agent)

11-18-4  
(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

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