P04000160692

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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SECRETARY OF STATE

R.A. = R.O. Charge 5-19-05

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|---|--|----|--|--|
| CHOLD | ECT: Labor Express Management Incorporated | | | |
| SUBJE | (Name of corporation) | | | |
| | UMENT NUMBER: P04000160692 | | | |
| The en | nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| | Carlos Araujo (Name of contact person) | | | |
| Labor Express Management Incorporated (Firm/Company) | | | | |
| | 4005 Moorings Lane (Address) | | | |
| | Orlando, FL 32810 (City/state and zip code) | | | |
| For further information concerning this matter, please call: | | | | |
| Carlos | s Araujo at (407) 367-9977 (Name of contact person) (Area code & daytime telephone numbe | | | |
| | (Name of contact person) (Area code & daytime telephone numbe | I) | | |
| 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 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

| | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida |
|-----------------------------------|--|
| | er to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of | the corporation: Labor Express Management Incorporated |
| | l office address: 4005 Moorings Lane |
| Orlando, FL | . 32810 |
| 3. The mailing | address (if different): |
| 4. Date of incom | rporation/qualification: 11/29/04 Document number: P04000160692 |
| | d street address of the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered office on file within the current registered agent and registered agent ag |
| | Elena Castillo |
| | 6220 S Orange Blossom Trail #175 |
| | 6220 S Orange Blossom Trail #175 Orlando, FL 32809 |
| 6. The name an (if changed): | d street address of the new registered agent (if changed) and /or registered office |
| | Carlos Araujo |
| | 4005 Moorings Lane |
| | (P.O. Box NOT acceptable) |
| | Orlando, FL 32810 |
| The street addr as changed wil | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change w authorized by | as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. |
| Single Control | CARUS ARAUJO PRESIDENT |
| | the propointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance all am familiar with and accept the obligation of my position as registered agent. Or, if this ind filed of oreflect a change in the registered office address, I hereby confirm that the light political in writing of this change. |
| | gratific (Mexistered Agent) 5/3/05 (Date) |
| | chalf of an entity: |
| | |
| (* | Typed or Printed Name) |

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