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TALLAHASSEE, FLORIDA

R.A

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COVER LETTER

Division of Corpora	ations				
SUBJECT:	Logistic Staffing, Inc. Name of Corporation				
DOCUMENT NUMBER:	DOE	000044770			
			istad for filing		
The enclosed Statement of C	-	_	med for fining.		
Please return all correspond	ence concerning this matte	r to the following:			
	Sloan C Name of Co	arr, Esq. ntact Person			
Ira Marcus, P.A. Firm/Company					
		ndrews Avenue			
	Add	ress			
	Fort Lauderd	ale FL 33316 nd Zip Code	·		
	·	•			
E mail	sloan@irama address: (to be used for t	rcuspa.com	fication)		
E-man	address. (to be used for i	uture aimuai report noti	incation)		
For further information con	cerning this matter, please	call:			
	n Carr	at (954)	523-9696 time Telephone Number		
Name of Co	ntact Person	Area Code & Days	ime Telephone Number		
Enclosed is a \$35.00 check	made payable to the Depar	tment of State.			
An Di P.G	niling Address: nendment Section vision of Corporations D. Box 6327 Illahassee, FL 32314	Street Address Amendment S Division of C Clifton Build 2661 Executi Tallahassee, I	Section orporations ing ve Center Circle		

TO:

Amendment Section

*STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	_{e of} Florida
1. The name of t	the corporation: Logist	tic Staffing, In	ıc.	
2. The principal	office address: 7108 B	eracasa Way, I	Boca Raton, FL 33433	
3. The mailing a	address (if different):			***************************************
4. Date of incorp	poration/qualification:	3/24/2005	Document number:	P05000044770
	d street address of the cur rtment of State: (If resign		nt and registered office on fi	le with the
	Eric W. Anders			
	7108 Beracsa Way	/		2009 SEP SECRET
	Boca Raton, FL 33			P-3 P
6. The name and (if changed):	i street address of the new		if changed) and /or registere	PH 2: 43 PH 2: 43 PH 2: 43
	Ira Marcus, Esq.			REF. 53
	1313 South Andre			
	Fort Lauderdale Fl	P.O. Box NOT ac	eceptable	
Tl 1 l	·		J 641- 1 66	
as changed will	be identical.	ce and the street ad	dress of the business office	e of its registered agent,
Such change was authorized by the	as anthorized by resolut he board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or ted in writing of the chang	by an officer so e.
	p of an officer or director	Pres.	Eric W. A	inders e and title
	, ,	istered agent and c isions of all statute d accept the oblige of a change in the i g of this change.	agree to act in this capacit es relative to the proper an ation of my position as reg registered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
My Sie	Curvey Granture of Registered Agent		August 31	, 2009
	chalf of an entity:			
5 C	Ira Marcus			
	voed or Printed Name			

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