

PO6 000054518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

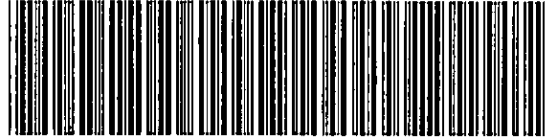
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Staffing Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: P06000054518

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:

Adam C. Losey

Name of Contact Person

Losey, PLLC

Firm/Company

1420 Edgewater Dr.

Address

Orlando, FL 32804

City/State and Zip Code

alosey@losey.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam C. Losey

Name of Contact Person

at (407) 9061605

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2019

ADAM C. LOSEY
1420 EDGEWATER DR
ORLANDO, FL 32804

SUBJECT: NATIONAL STAFFING SOLUTIONS, INC
Ref. Number: P06000054518

We have received your document for NATIONAL STAFFING SOLUTIONS, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 019A00021719

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ADONIS

**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: National Staffing Solutions, Inc.
2. The principal office address: 603 TH ST, NW
WINTER HAVEN, FL 33881
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/17/2006 Document number: P06000054518

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)

Steve Trinklein

603 6TH ST, NW

WINTER HAVEN, FL 33881

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

Losey, PLLC

1420 Edgewater Dr.

P.O. Box NOT acceptable

Orlando, FL 32804

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.

/s/Gary Marlar

Signature of an officer or director

Gary Marlar

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.

/s/Adam C. Losey

Signature of Registered Agent

9-13-19

Corrected on 10/29/19

Date

If signing on behalf of an entity:

Adam C. Losey

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)