

POL000118339

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 24 PM 12:12

Bo/ch
10/24/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ECA Staffing Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: 205546044

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:

Jim May
Name of Contact Person

ECA Staffing Solutions, Inc.
Firm/Company

10033 Sawgrass Drive West #104
Address

Ponte Vedra Beach, FL 32082
City/State and Zip Code

jim.may@ecastaffingsolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim May at (904) 686-1380
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2011

JIM MAY
ECA STAFFING SOLUTIONS INC.
10033 SAWGRASS DRIVE WEST #104
PONTE VEDRA BEACH, FL 32082

SUBJECT: ECA STAFFING SOLUTIONS INC.
Ref. Number: P06000118339

We have received your document for ECA 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

YOU FAILED TO LIST THE NEW REGISTERED AGENT IN PART 6.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 811A00023573

RECEIVED
11 OCT 24 AM 11:04
TALLAHASSEE, FLORIDA

**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: ECA Staffing Solutions, Inc.
2. The principal office address: 10033 Sawgrass Drive West #104, Ponte Vedra Beach, FL 32082

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/14/2006 Document number: 205546044

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)

Resigned JAMES MAY
830-13 A1A NORTH #532
PONTE VEDRA BEACH, FL 32082

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

JAMES MAY
10033 Sawgrass Drive West #104
Ponte Vedra Beach, FL 32082

P.O. Box NOT acceptable

FILED STATE
SECRETARY OF CORPORATIONS
11 OCT 24 PM 12:12

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

James May, Treasurer
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

10/9/2011

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

CR2E045 (8/05)