Po7000018008

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KSR. 10/29/08

COVER LETTER

то:	Amendment Section Division of Corporations				
SUBJE	ECT: L.G.M. Labor Support, Inc (Name of Corpor	ration)			
DOCUMENT NUMBER: P07000018008					
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:					
Adan Moya (Name of Contact Person)					
· (Name of Contact Person)					
L.G.M. Labor Support, Inc					
L.G.M. Labor Support, Inc (Firm/Company)					
507 Nottingham Blvd, Unit #2 (Address)					
	,				
	West Palm Beach, Florida 33405				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
	Adan Moya at (Name of Contact Person)	(561) 255-2905 (Area Code & Daytime Telephone Number)			
	(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	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
	1 ananassee, 1 L 32317	Tallahassee FL 32301			

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

statement of cha	nge is submitted for a corporation or	7.0502, 607.1508, or 617.1508, Florida Si organized under the laws of the State of <u>F</u> egistered agent, or both, in the State of Fl	florida		
1. The name of t	he corporation: L.G.M. Labor Su	upport, Inc			
	. The principal office address: 507 Nottingham Blvd, Unit #2				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 02/03/2007	7 Document number: P07000	018008		
	I street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file with signed)	h the		
	Resigned				
		E	FILE!		
6. The name and (if changed):	·	l agent (if changed) and /or registered off	TZL PRID: 57		
	Adan Moya 507 Nottingham Blvd, Unit #. (P.O. Box NOT acce)		LORIO STATE		
	West Palm Beach, Florida 3		_		
The street addre	ess of its registered office and the st be identical.	street address of the business office of its	s registered agent,		
Such change was authorized by the		dopted by its board of directors or by an en notified in writing of the change. Gilberto C. Corcin (Printed or typed name and t	officer so		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agen to comply with the provisions of all an familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha	ent and agree to act in this capacity. Il statutes relative to the proper and com we obligation of my position as registered in the registered office address, I hereb ange.	plete performance d agent. Or, if this by confirm that the		
Odor	mature of Roffistered Agent)	(Date)			
	gnature of Rogistered Agent) chalf of an entity:	(Date)			
	Typed or Printed Name)				

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