

P08000069667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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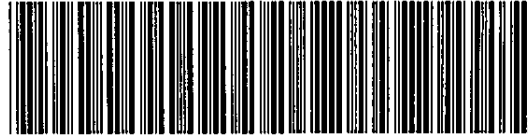
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SECRET
[Signature]

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: Ace Healthcare Staffing Solutions Inc
2. The principal office address: 16214 CE 448 At Dna FL 32177
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/22/2008 Document number: PO8000069667
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)

Hennings, Richard W
213 N Yoanna Ave,
Tallahassee FL 32318

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

Alexander B Cvenko
13500 Sutton Park Dr. S., #304
P.O. Box NOT acceptable
Jacksonville FL 32224

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Tanya Meyer President
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

2/6/15
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 (03/12)

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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: Ace Healthcare Staffing Solutions Inc
2. The principal office address: 16214 CR 448 At Dna FL 32111
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/22/2008 Document number: PO8000069667
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)

Hennings, Richard W
213 N Joanna Ave,
Panama FL 32178

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

Alexander B Cverko
13500 Sutton Park Dr. S., #304
P.O. Box NOT acceptable
Jacksonville FL 32224

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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Signature of an officer or director

Tanya Meyer President

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

2/6/15

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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