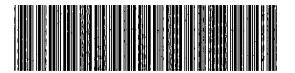
## P09000003271

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
,,						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
<del></del>						
,						
(Business Entity Name)						
(Danish Nasha)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special management to 1 ming amount						

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORID.

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## **COVER LETTER**

TO:	Amendment Section Division of Corpora						
SUBJ	ECT:	Recruiting Ho	ound, Inc.				
DOCU	UMENT NUMBER:_	P09	000003271				
The en	closed Statement of C	hange of Registered Offic	e/Agent and fee are sub	mitted for filing.			
Please	return all corresponde	ence concerning this matter	to the following:				
	Shirley L Schaff Name of Contact Person						
		Recruiting I		<del></del>			
	Firm/Company						
	1800 Pembrook Drive, # 300						
	Address						
	Orlando FL 32810						
	City/State and Zip Code						
	shirley.schaff@gmail.com						
	E-mail a	address: (to be used for f	uture annual report no	tification)			
		( ,		,			
For fu	ther information conc	erning this matter, please of	call:	·			
	Shirley	L Schaff	at (561)	386-8086			
	Name of Con	tact Person	Area Code & Da	386-8086 ytime Telephone Number			
Enclos	ed is a \$35.00 check r	nade payable to the Depart	ment of State.				
	Am Div P.O	ling Address: endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Clifton Buil	Section Corporations			
		,	Tallahassee,				



October 12, 2009

RECRUITING HOUND, INC. 1800 PEMBROKE DR STE 300 ORLANDO, FL 32810

SUBJECT: RECRUITING HOUND, INC.

Ref. Number: P09000003271

We have received your document for RECRUITING HOUND, 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 document must have original signatures.

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) 245-6925.

Letter Number: 009A00032719

Teresa Brown Regulatory Specialist II

Division of Cornerations - P.O. ROY 6327 Tollahasson, Florida 32314

## 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 Sta d agent, or both, in the Sta	te of Florida
<del></del>				e oj 1 ioriaa.
	he corporation: Recru		Suite 300, Orlando, I	
2. The principal				
			physical and mailing	
3. The mailing a	ddress (if different):	The state of the s		
4. Date of incorp	ooration/qualification:	1/12/2009	Document number:	P09000003271
	I street address of the curtment of State: (If resign		at and registered office on f	ile with the
	Shirley L Schaff - I	RESIGNED		<del></del>
	4847 Palmbrook T	err.		
	West Palm Beach	FL 33417		
6. The name and (if changed):	street address of the ne	w registered agent (i	if changed) and /or register	TALLAHA
	American Safety C	Council		AHA NOV
	5125 Adanson Str	eet, # 500	ceptable	-2 L t LARY ASSEL
	0.1 1 51 00004		ceptable	OF S
	Orlando FL 32804		<del> </del>	9: 2 STAT LORI
The street address changed will	ess of its registered office be identical.	e and the street add	dress of the business offic	
Such change wa authorized by th	s authorized by resolut ne board, or the corpora	ion duly adopted b tion has been notifi	y its board of directors or led in writing of the chang	by an officer so ge.
Signathi	e of an officer or director		Shirley L Printed or typed nam	Schaff
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as reg o comply with the prov d I am familiar with an ng filed merely to reflec been notified in writin	istered agent and a isions of all statute d accept the obligatt a change in the rigg of this change.	igree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, l	y. id complete performance istered agent. Or, if this hereby confirm that the
	nature of Registered Agent	er	10/6/0 Date	09
	half of an entity:		Batt	
Ту	Laura Regier //ped or Printed Name			

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