## JUN-04-2012 Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## REGISTERED AGENT CHANGE STAFFLINK OUTSOURCING V, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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## 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 Statute 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: Stafflink Outsourcing V, Inc.			
2. The principal office address: 1776 N. Pine Island Rd Suite 108, Plantation, Florida 33322			
3. The mailing address (if different):			
	у-ни 		
4. Date of incorporation/qualification: 1/29/2009 Document number: P09000009193	<u> &gt;</u>	75	
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)		JUN -5	-
FINKELSTEIN, ABRAM		S	Γ
1776 NORTH PINE ISLAND ROAD	· · · · · · · · · · · · · · · · · · ·	H	顶 C
SUITE 108 PLANTATION FL 33322 US	三.	=======================================	_
T D/M(T/MONT) D/D/D/D	9	12:2	
6. The name and street address of the new registered agent (if changed) and /or registered office).  (if changed):	DA	=	
C T Corporation System			
1200 South Pine Island Road, Plantation, Florida 33324 P.O. Box NOT acceptable			
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	itered age	ınt,	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	r so		
Abram Finkelstein, President Signature is an other of director  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 of my duties, and I am familiar with and accept the obligation of my position as registered agen document is being filed merely to reflect a change in the registered office address, I hereby con corporation has been notified in writing of this change.	performa 11. Or, if firm that	mce this the	
Null 16th day of May 2012 Signature of Registered Agent Date			
If signing on behalf of an entity:			
Mark Williams, AVP			
* * * 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)