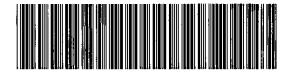
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:						
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status						
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	Special Instructions to Filing Officer:					

Office Use Only



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Roberts NOVI (1200)

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: STAFF RECLUITING  Name of Corporation
DOCUMENT NUMBER: 7/000014894
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:
EDWARD STAFF Name of Contact Person
STAFF RECRUITING Firm/Company
4084 ANDCADO DIL FRANSICAL) PO BOX 7845 (MAILING
INDIAN LAKE ESTATES, FL 33855  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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

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

Pursuant to the provisions of sect statement of change is submitted in order to change its re		ınder the laws of the State	of FLORIDA
The name of the corporation:_      The principal office address:	STAFF RECRUIT	NG, INC.	AKE ESTATES, FL 3380
3. The mailing address (if different	nt): <u>Po Box 785</u>	15 / WOIAN LAN	LE ESTATES FL 33850
4. Date of incorporation/qualifica	ation: <u>2 - 2 4 - 2 0 1 D</u>	Document number: 2/1	2000016854 4
5. The name and street address of Florida Department of State: (I		nd registered office on fil	e with the
OAVI	STAFF - R.	ESIGNED	-28 6
2 6084	ANOCABO BR		
_NOIAN	LAKE ESTATES.	FL 33855	
6. The name and street address of (if changed):	f the new registered agent (if c	hanged) and /or registere	d office
EDWA	ARD STAFF		<b></b>
4084	AVD C 40 D D.R. P.O. Box NOT accept	table	<del></del>
	LAKE ESTATES		
The street address of its register as changed will be identical.	ed office and the street addre	ss of the business office	of its registered agent,
Such change was authorized by authorized by the board, or the c	resolution duly adopted by in corporation has been notified	ts board of directors or be in writing of the change	y an officer so
Signature of an officer or direct	ctor	EDWARD STAF	and title
I hereby accept the appointment I further agree to comply with the of my duties, and I am familiar values document is being filed merely to corporation has been notified in	t as registered agent and agr	ee to act in this canacity	
1-9-8		10 · 27 · 10	****
Signature of Registered A  If signing on behalf of an entity:		Daie	•
ED WARD STAFF Typed or Printed Name			

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