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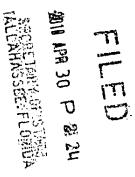
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Name of Co	orporation			
DOCUMENT	P10000034854				
DOCUMENT					
The enclosed S	tatement of Change of Registered Office	c/Agent and fee are submitted for filing.			
Please return al	l correspondence concerning this matter	to the following:			
	John R. Miller				
	Name of Con	stact Person			
•	Gulfcoast Employment Matters				
	Firm/Company				
	3137 Masters Dr.				
	Address				
	Clearwater, FL 33761				
	City/State and	d Zip Code			
	jrm1217532@aol.com				
	E-mail address: (to be used for fu	iture annual report notification)			
For further info	rmation concerning this matter, please c	all:			
John R. Miller		727 278-8730 at ()			
	Name of Contact Person	at () Area Code & Daytime Telephone Number			
Enclosed is a \$3	35.00 check made payable to the Departi	ment of State.			
	Mailing Address:	Street Address:			
	Mailing Address: Amendment Section	Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607,0502, 61 inge is submitted for a corporation or to change its registered office or r	organized under the laws of th	e State of Florida
1. The name of t	the corporation: Next Level Payroll Se	ervices, III Inc	
	office address: 3137 Masters Dr		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/22/2010	Document number	P10000034854
	I street address of the current register tment of State: (If resigned, enter re	•	e on file with the
_	James Grobmyer		
	13080 South Belcher Road		
-	Largo, FL 33773		
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or reg	
	John R. Miller		ASSOCIATION TO THE REPORT OF THE PERSON OF T
	3137 Masters Drive		3
	P.O. Bo	x NOT acceptable	
The street addre	ess of its registered office and the s	treet address of the business of	office of its registered agent,
Such change wa authorized by th	is authorized by resolution duly add to board, or the composition has been	opted by its board of directors en notified in writing of the ch	s or by an officer so nange.
600	Sille	John R. Miller	
I hereby accept I further agree t performance of	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a stronger of the complete the complete the component of the component	I statutes relative to the proper and accept the obligation of no preflect a change in the regis fied in writing of this change.	acity. r and complete ny position as registered
Sign	fature of Registered Agent	John R. Miller Dat	e
U If signing on bel	half of an entity:		
Ту	ped or Printed Name		

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