

P120000026411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 27 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE STAFF INSURANCE AND FINANCIAL SERVICE
Name of Corporation

DOCUMENT NUMBER: P12000026411

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:

Joubert Noel
Name of Contact Person

Firm/Company

5830 Nw Dana Circle
Address

Port St Lucie, FL 34986
City/State and Zip Code

thestaff11@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joubert Noel at (772) 359-9757
Name of Contact Person 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 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: THE STAFF INSURANCE AND FINANCIAL SERVICES, INC.
2. The principal office address: 1725 Okeechobee Road
Fort Pierce Florida 34950
3. The mailing address (if different): 5830 Nw Dana Circle
Port ST Lucie Florida 34986
4. Date of incorporation/qualification: 03/19/2012 Document number: P12000026411
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)

Joubert Noel

5830 Nw Dana Circle Port St Lucie FL 34986

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

1725 Okeechobee Road

Fort Pierce Florida 34950

P.O. Box NOT acceptable

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.

Joubert Noel
Signature of an officer or director

Joubert Noel
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.

Joubert Noel
Signature of Registered Agent

03/20/2012
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 (8/05)

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