## P14000059593

(Requestor's Name)						
16489 SW 31 <sup>st</sup> St.  ACCOUNTABLE Miramar, FL. 33027						
(City/State/Zip/Phone #)						
PICK-UP WAIT MA	IL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
	i					

Office Use Only



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SUL 20 2016
I ALBRITTON



June 29, 2016

ACCOUNTABLE STAFFING INC 16489 S.W. 31 ST. MIRAMAR, FL 33027

SUBJECT: ACCOUNTABLE STAFFING INC.

Ref. Number: P14000059593

We have received your document for ACCOUNTABLE STAFFING 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):

Please verify that you wish to name LEON EDWARDS as registered agent again as he resigned on 4/25/2016 and it is unclear as to what your intentions are in filing this document.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 616A00013756

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PAVISIONAL SUBPRINCES

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

statement of change	e is submitted for a c	07.0502, 617.0502, 60 corporation organized t	ınder the laws of	the State of <b>FZ</b>	<u> </u>
in order to	o change its registere	ed office or registered of	igent, or both, in i	the State of Florida	<i>1.</i>
1. The name of the	•	4 ccountad,			VC
2. The principal of	fice address:	6489 S.N	J.3151	i	
	LiRAMAR	3 Pa. 330	27		
3. The mailing add	ress (if different):	SAME	A3 AB	ULE	<u>.</u>
4. Date of incorpor	ration/qualification:	7-14-2014	Document numb	er: \$1400	0059593
		urrent registered agent agent agent (	and registered off	ice on file with the	N
_	LEUN	EDWARD	C	RESIGNOS	
_	16489	5.W. 31	5/2		S In
	MIRA	MAR, P.	33027		是日
6. The name and st (if changed):	treet address of the n	ew registered agent (if	changed) and /or i	registered office	2: 19
	_LEON	<u>LOWARDS</u>			TP
_	16489 3	5.W. 31 St	<u> </u>		
_	MiRAMA	P.O. Box NOT accept P. 17. 330	027	<del></del>	
The street address as changed will be	of its registered off identical.	ice and the street addre	ess of the busines	s office of its regis	stered agent,
Such change was authorized by the	authorized by resolu board, or the corpor	ition duly adopted by it ation has been notified	s board of directe in writing of the	ors or by an officer change.	r so
Signature	of an officer of diffector	ndr _		ED WARD	3
I hereby accept th I further agree to performance of m agent. Or, if this hereby confirm th	a annointment as re	gistered agent and agr visions of all statutes r miliar with and accept led merely to reflect a as been notified in wri	aa to act in this c	'anacity	gistered ress, I
- Hem		warle	G-2	4-16	<del></del>
·	ure of Registered Agent			i /atC	
If signing on beha	If of an entity:				
Туре	d or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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