

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

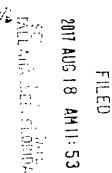
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## FILING CANCELLED RETURNED CHECK

08/18/17--01014--004 \*\*35.00



C. GOLDEN AUG 2 3 2017

## **COVER LETTER**

## FILING CANCELLED RETURNED CHECK

TO: Amendment Section **Division of Corporations** 

SUBJECT: FORTIES STAFFING, INC.
Name of Corporation  DOCUMENT NUMBER: P15000028386
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:
ANAYLIS HERNANDEZ  Name of Contact Person
FORTIES STAFFING, INC.
175 FONTAINEBLEAU BLVD STE 1G7
MIAMI FL 33172
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  ANAYLIS HERNANDEZ  at (305) 912-8207
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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation orgai r to change its registered office or regist	nized under the laws o	of the State of FLORIDA	
1. The name of t	the corporation: FORTIES STAFF office address: 175 FONTAINEB	FING, INC. LEAU BLVD ST	TE 1G7 MIAMI FL	33172
3. The mailing a	ddress (if different): SAME			
4. Date of incorp	poration/qualification: JULY 30, 20	Document nun	nber: P1500028386	
	I street address of the current registered at the total state: (If resigned, enter resign		ffice on file with the	
	LUISA CANIZARES			
	175 FONTAINEBLEAU BL\	/D STE 1A5	2017 ) 2017 )	4
	MIAMI FL 33172		STO AUS 18 ALEAGASSI	
6. The name and (if changed):	l street address of the new registered age	ent (if changed) and /o	111	<u> </u>
	ANAYLIS HERNANDEZ			1
	175 FONTAINEBLEAU BL		_FILING CAN	ICELLEI
	MIAMI FL 33172	Γ acceptable	RETURNED	CHECK
The street address changed will	ess of its registered office and the street be identical.	address of the busine	ess office of its registered	agent.
Such change wa	is authorized by resolution duly adopted board, or the corporation has been no	d by its board of directified in writing of th	ctors or by an officer so the change.	
	ANAYLIS HERNANDEZ/ PRESIDENT			Т
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and a is document is being filed merely to refi that the corporation has been notified i	nd agree to act in this tutes relative to the pr accept the obligation lect a change in the re	oper and complete of my position as registere egistered office address. I	ed
A	Pring	JULY 30, 201	7	
	half of an entity:	<u> </u>	Date	
	yped or Printed Name			

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