

P16000099178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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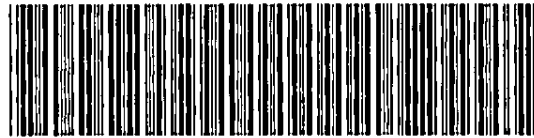
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Staffing Inc.  
Name of Corporation

DOCUMENT NUMBER: P16000099178

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:

Jodie Ervin  
Name of Contact Person

Staffing Inc. dba staffing with Bliss  
Firm/Company

6900 Phillips Hwy, #16  
Address

Jacksonville, FL 32216  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jodie Ervin at 904, 527-3930  
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: Staffing Inc.
2. The principal office address: 6900 Philips Hwy., #16  
Jacksonville, FL 32216
3. The mailing address (if different): 255 Park Lake Dr.  
onte Vedra, FL 32081
4. Date of incorporation/qualification: 11/16/2016 Document number: PI160000099178
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)  
1301 Riverplace Blvd, #800  
Jacksonville, FL 32207

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

6900 Philips Hwy. 16  
Jacksonville, FL 32216

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 authorized by the board, of the corporation has been notified in writing of the change.

Jodie Ervin  
Signature of an officer or director

Jodie Ervin  
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.

Jodie Ervin  
Signature of Registered Agent

8/28/18  
Date

If signing on behalf of an entity:

Jodie Ervin  
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

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