PM000041502

(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(O	Ocument Number)	
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Special Instructions to	Filing Officer:	

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ALLAHAGSEC

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NΟ	I20000000195
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REFERENCE : 597253 7347616

COST LIMIT : \$/35.00

ORDER DATE: March 20, 2023

ORDER TIME : 8:58 AM

ORDER NO. : 597253-002

CUSTOMER NO: 7347616

CHANGE OF AGENT

NAME: BEAR STAFFING SERVICES

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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

		07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, corporation organized under the laws of the State of Florida	his
	· ·	ed office or registered agent, or both, in the State of Florida.	
1. The name of	he corporation: BEAR	STAFFING SERVICES CORPORATION	
2. The principal	office address: 10501 \$	Six Mile Cypress Parkway, Suite 104, Ft. Myers, FL 33966	<u> </u>
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: _	05/08/2017 Document number: P17000041502	
	street address of the cu tment of State: (If resign	rrent registered agent and registered office on file with the ned, enter resigned)	
	Cogency Global Inc.		7023
	115 North Calhoun Street, Suite 4		2023 HAR 29
	Tallahassee	FL 32301	29
6. The name and (if changed):	street address of the ne	w registered agent (if changed) and /or registered office	M 9: 05
	1201 Hays Street		
	T20111ay3 Olicot	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered offic be identical.	ce and the street address of the business office of its register	ed agent,
Such change wa authorized by th	s authorized by resoluti e board, or the corpora	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.	ı
Xie	e agni	Jill Cilmi, Vice President	
/ 1	of an officer or director	Printed or typed name and title	
corporation nas	peen noujiea <u>i</u> n writing	istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete per d accept the obligation of my position as registered agent. (It a change in the registered office address, I hereby confirm Bof this change.	formance Or, if this 1 that the
- / / .	Servicé Company	03/29/2023	
By: Sign	ature of Registered Agent	Date	
If signing on bel	alf of an entity:		
	Asst. Vice President		
-		* * 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 (04/13)