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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: GL Professional Staffing Services, Inc.
DOCUMENT NUMBER: P1800009958
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:
Lawrence Minei
Same of Contact Person GL Professional Staffing Services, Inc.
1709 Banks Rd.
Margate, FL 33003
Imineiaalstoffing.com
E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Name of Contact Person at (56) 261-3193 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (04/13)

${}^{\scriptscriptstyle 4}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organiz		<i>~</i> \	
in order to change its registered office or register	red agent, or both, in	the State of Flori	da.
1. The name of the corporation: GLP(150510	nal Staffin	<u>g Service</u>	s. Inc.
2. The principal office address: 1709 Banks Miconto Fl	3 <u>Rd., B</u> uil . 33063	iding A, I	lnits
3. The mailing address (if different): P.O. Box 9	34669 m	argate, F	1 33093
4. Date of incorporation/qualification: 10/31/2018	Document numb	per: <u>P180</u>	1000 90958
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned		ice on file with th	ne
Steven G. Schwa	irtz, Esq.		<i>ب</i> ءِ
6751 N. Federal!	Highway 1	£400	070 H
Boca Ration, FL	33487		2020 HAR 20
6. The name and street address of the new registered agent (if changed):	(if changed) and /or	registered office	PH 4: 05
Steven H. Osber	Esq.		05
633 South Foder	1 Highwar	, Eighth	1 Floor
Fort Lauderdale, 5	L 33301	<u> </u>	
The street address of its registered office and the street a as changed will be identical.	ddress of the busines	ss office of its re	gistered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directified in writing of the	tors or by an offi change.	cer so
Signature of agrofficer or director		J. Min	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been newfied in writing of this change.	agree to act in this des relative to the pro- cation of my position registered office add	capacity, oper and complet as registered ag dress, I hereby co	'e performance ent. Or, if this mfirm that the
- Sur Sas	Marc G	16,202	Ð
Signature of Registered Agent		Date I	
If signing on behalf of an entity:			
Typed or Printed Name			
• 1			

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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