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(((H21000163414 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:_

REGISTERED AGENT CHANGE THE FLEX PERSONNEL COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

V SHIVER

COVER LETTER

TO:

Amendment Section Division of Corporations

Zachary Ysais

Name of Contact Person

15129570210

The Flex Personnel Company, Inc.
Name of Corporation

DOCUMENT NUMBER: P21000033232

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:

Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd. Suite 300	
Address	*************************************
Austin, Texas 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	ise call:
Zachary Ysais	at (888) 705-7274
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

H21000163414 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.05 ange is submitted for a corpor er to change its registered off	ration organized	under the la	ws of the State o	_{of_} Florida
	the corporation: The Fle				
2. The principal	l office address:				
3. The mailing	address (if different):			504	200000000
4. Date of incor	poration/qualification: 4/1	3/2021	_ Document	number: P21	000033232
	d street address of the current artment of State: (If resigned,		and register	ed office on file	with the
	BUSINESS FI	LINGS IN	ICORF	PORATE	D
	1200 S PINE ISLAND	RD			
	PLANTATION		FL	33324	<u></u>
6. The name an (if changed):	nd street address of the new re			•	office
	155 Office Pla		Suite /	_	— <u> </u>
	Tallahassee	P.O. Box NO			
The street addi	ress of its registered office an	nd the street add	ress of the b	usiness office o	متحد سازر
	vas authorized by resolution the board, or the corporation				
/S/ Maria v	liments ture of an other or director	M	aria Jim	IENEZ	Authorized Perso
of my duties, a docúment is be	ot the appointment as register to comply with the provision and I am familiar with and ac eing filed merely to reflect a as been notified in writing of	ccept the obligati change in the re	gree to act in relative to t ion of my po gistered offi	n this capacity, he proper and c ssition as registe ce address, I he	complete performance ered agent. Or, if this ereby confirm that the
Hoc	leave of Registered Agent)4/23/20	021 Date	
	ehalf of an entity:				
Mackenzie Har	t, Assistant Secretary				
	Typed or Printed Name				
	* * *	FILING FEE:	\$35.00 * * *	r	