SIGNATURE: MANUAL SIGNATURE AND TYPED OR PRINTE

 Entity Name 		000034530			1	FIĽED	
ACCOUNT	ING STAFFING, INC.			j			
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Principal Place	of Business	Mailing Address	······································		esnoen	MADV AG QT/	\T !
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JACKSONVILLE I	FL 32256	JACKSONVILLE FL 322	256		17 Storin, 7-31-17	19011111 - 201	
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2. Principal Plac	ce of Business	3. Mailing Address					
Suite, Apt. #,	etc.	Suite, Apt. #, etc.					
City & State			·	[DO NOT	WRITE IN THIS S	PACE
	·.	City & State		- 4	59-33863	364	Applie
Zip	Country	Zip	Country				Not Ap
	6. Name and Address of Cur	rent Registered Agent			. Certificate of Status Desire	F	8.75 Addition ee Required
HENDERSON	وي مينين د سيري که دو سين وسيده		Name	e Mari	Name and Address of Ne	w Registered A	gent
50 NORTH LA	I, SHARUN K ALIRA ST		Stree	L Arthress (P	Durgiss		
SUITE 3300	nona oj.			4438	BAUMEN S Not Accept	35 Rel	Suite
JACKSONVILL	LE FL 32202		ļ.				
	_		City -	TACKED	nville	FL	Zip Codes
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GNATURE Signi	sture, typed or printed name of registered a	agent and title if applicable, (NO	DTE: Registered Agent sign	or registered a	gent, or both, in the State of	f Florida.	
This corporation Tax filing requirements	neture, typed or printed name of registered a on is eligible to satisfy its Intang prinement and elects to do so.	agent and title if applicable. (NO	TE: Registered Agent sign	Or registered a	reinstating) 10. Election Campaign	DATE :	\$5.00
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