P96000102254

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SECRETARY OF STATE

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hastings & Hastings Personnel, Inc. (Name of corporation)
(ivalue of corporation)
DOCUMENT NUMBER: P96000102254
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:
Alan C. Gold
(Name of person)
Alan C. Gold, P.A.
(Name of firm/company)
1320 South Dixie Highway, Suite 870 (Address)
Coral Gables, FL 33146 (City/state and zip code)
For further information concerning this matter, please call:
Alan C. Gold at (305) 667-0475, ext 1 (Name of 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 409 E. Gaines Street Tallahassee, FL 32399

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

Pursuant to the provisions of se this statement of change is submi				•		itutes,
florida in order to	change its registered	d office or register	red agent, o	or both,	in the	State
of Florida.						
1. The name of the corporation:	Hastings & Has	tings Personne	1, Inc.			
2. The principal office address: 1001 Brickell Bay Drive, #2920						
	Miami, FL 3313	1				
3. The mailing address (if different	nt)·	-				
or the straining aggress (in autoro)						
4. Date of incorporation/qualifica	tion: <u>12/16/1996</u>	Document	number:	P9600	01022	 254
5. The name and street address of Florida Department of State:	the current registered	agent and register	ed office o	n file wi	ith the	
	Wayne Rassner					
	7700 North Ken	iall Drive. #5	10			
	Miami, FL 33150	5				,
6. The name and street address changed):	of the new registered	agent (if changed	l) and /or i	egister	d offi	ce (if
	Alan C. Gold			_ _		
	1320 South Dis (P.O. Box or personal mailbox	cie Highway, St	uite 870			
····	Miami, FL 33176	5	-			
The street address of its registere agent, as changed will be identicated	d office and the stree	t address of the bu	siness offic	ce of its	regist	ered
Such change was authorized by rauthorized by the board, or the co	esolution duly adopte orporation has been n					
(Signature of an officer, chairman or vice chairman		LOIS KL	E//V/M d name and title	pN,	<u>PR</u>	"E5
I hereby accept the appointment I further agree to comply with the performance of my dities, and I dregistered agent. Or, if this docu office address I hereby confirm t	as registered agent a e provisions of all sta am familiar with and ment is being filed m hat the corporation h		this capaci e proper a ion of my p hange in ti n writing o I — () ~	ty. nd composition he regis f this ch	plete as tered ange.	
(Signature of Registered Age	ent)	(D	ate)	3 0		•
If signing on behalf of an entity:	/			711 1035	03	OF THE
HLANG- GON	<u>d</u>			至	<u> </u>	
(Typed or Printed Name)	* * * FILING FEE:	•	pacity)	ARY I	23	
	AYABLE TO FLORIDA DEPART ORPORATIONS, P.O. BOX 632			OF STAT		M