

P97000040933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

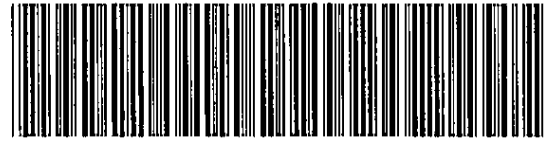
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

2018 MAR 27 AM 8:43
DIVISION OF CORPORATIONS

SUBJECT: CPU Staffing, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000040933

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:

Barbara E. Ayers-Iachello
Name of Contact Person

CPU Staffing, Inc.
Firm/Company

905 E Martin Luther King Jr Drive #220
Address

Tarpon Springs, FL 34689
City/State and Zip Code

Liz@cpustaffing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara E. Ayers-Iachello at (727) 421-6981
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: CPU Staffing, Inc.
- 2. The principal office address: 905 E Martin Luther King Drive Suite 220
Tarpon Springs, FL 34689
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 05/05/1997 Document number: P97000040933

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Sal T. Iachello
4401 Roanoak Way
Palm Harbor, FL 34685

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Barbara E. Ayers-Iachello
4401 Roanoak Way
Palm Harbor, FL 34685

P.O. Box NOT acceptable

2018 MAR 21 AM 8:43
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Barbara E. Ayers-Iachello
Signature of an officer or director

Barbara E. Ayers-Iachello
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Barbara E. Ayers-Iachello
Signature of Registered Agent

03/22/2018
Date

If signing on behalf of an entity:

Barbara E. Ayers-Iachello
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314