DOCUMENT # P99000094509 1. Entity Name A-LIST STAFFING, INC.

Jun 06, 2000 8:00 am Secretary of State

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2. Principal Place of Business Suite, Apr 4, etc. Do NOT WRITE IN THIS SPACE City & State Courrey 8. Name and Address of Current Registered Agent Name SIMONS, NEAL E TITL Namins In the State of State Debte Service Address (P.O. Dox Number in Not Acceptable) Fig. 20 Courrey 8. Name and Address of Current Registered Agent Name SIMONS, NEAL E TITL NW 4TH AVE BOCA TRATON F1. 33487 City City FL Zip Code 8. The above remed drainy submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida. SIGNATURE SIMONS in the state of State State of State State of State State of Florida. SIGNATURE SIMONS in the state of State State of State State of Florida. SIGNATURE SIMONS in the state of State State of Florida. SIMONATURE SI	Principal Plac	e of Business	Mailing Address			05-16-2000	90078 030 ***	150.00	
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SIMMONS, NEAL E 7110 NW 4TH AVE. BOCA RATON FL 33487 City FL Zip Code		6. Name and Address of Current R	legistered Agent		7.	Name and Address of New Reg			
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8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax illing requirement and elects to do so. Matter MAY 1, 2000 Fee will be \$55,0.00 Matter MAY 1, 2000	7110 NW 4TH AVE.			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	13. I hereby	certify that the information supplied with t	this filling does not qualify for	or the exemption state	d in Section	119.07(3)(i), Florida Statutes. I fu	rther certify that the	information	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: