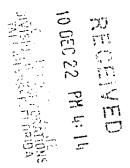
M06000000 808

(Requestor's Name)		
(A	ddress)	
(Address)		
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(U	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer		





700188923427



B. KOHR
DEC 23 2010
EXAMINER





CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 600784

00784 7765!

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 7, 2010

ORDER TIME: 2:47 PM

ORDER NO. : 600784-010

CUSTOMER NO: 7765516

CHANGE OF AGENT

NAME: AMN ALLIED SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: AMN ALL	IED SERVICES, LLC
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	y: 5001 Statesman Drive Legal Dept. Irving, TX 75063
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Legal Dept. San Diego, CA 92130
02/03/2006	M06000000808
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	2721 Executive Park Drive, Suite 4 Weston, FL 3331
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	W Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) Blanca Lozada, Authorized Person (Printed or typed name of signee) I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position. F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the

(Signature of Registered Agent) Grace E, Karby, Asst. VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00