OCT-31-05 15:47 From:
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Florida Department of State

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Account Number: I20000000249

Phone: (813)223-7333

Fax Number: (813)223-2837

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REGISTERED AGENT CHANGE

DUNHILL PROFESSIONAL SEARCH OF TAMPA, INC.

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rockange its registered office or registered agent, or both, in the State of Florida. | |
|--|---|----|
| | the corporation: Dunhill Professional Search of Tampa, Inc. | |
| | office address: P.O. Box 48884, Tampa, FL 33647 | |
| 3. The mailing a | ddress (if different): | |
| 4. Date of incoπ | poration/qualification: 02/22/1980 Document number: 657591 | |
| | I street address of the current registered agent and registered office on file with the tunent of State: | |
| | William Kalish | |
| | 100 South Ashley Drive, Suite 1500 | 1 |
| | Tampa, FL 33602 | |
| 6. The name and (if changed): | I street address of the new registered agent (if changed) and /or registered office | ロコ |
| | American Information Services, Inc. | |
| | 401 E. Jackson Street, Suite 1700 | |
| | Tampa, FL 33602 | |
| The street addre | ess of its registered office and the street address of the business office of its registered agent, be identical. | |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change. | |
| | Peter L. Kramer, President (Printed or typed name and title) | |
| I hereby accept I further agree t of my duties, and document is beli corporation has | the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of I am lamiliar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered affice address. I hereby confirm that the been notified in writing of this change. | |
| DDU | Instance of Registered Agent) (0-26-05 (Date) | |
| | half of an entity: L. Evans | |
| | yped 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 CR2E045 (8/05)