



849464

FILED
01 SEP 26 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 618190 4319227
AUTHORIZATION : *Patricia Pigut*
COST LIMIT : \$ 35.00

ORDER DATE : September 25, 2001

ORDER TIME : 2:17 PM

ORDER NO. : 618190-055

CUSTOMER NO: 4319227

300004611433--3

CUSTOMER: Joan Lancellot, Legal Asst
Spherion Corporation
2050 Spectrum Boulevard

RECEIVED
01 SEP 26 AM 8:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Fort Lauderdale, FL 33309

CHANGE OF AGENT

NAME: NORRELL HEALTH CARE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

APF
9/26/01

**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, the undersigned corporation organized under the laws of the State of GEORGIA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: NORRELL HEALTH CARE, INC.
2. The mailing address of the corporation is: 2050 Spectrum Blvd.
Fort Lauderdale FL 33309
3. Date of incorporation/qualification: JUNE 17, 1981 Document number: 849464
4. The name and address of the current registered agent and office:

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FLORIDA 33324

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

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.

Lisa Iglesias
(Signature of an officer, chairman or vice chairman of the board)

9/21/01
(Date)

LISA G. IGLESIAS, SECRETARY

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

By: [Signature]

(Signature of Registered Agent)

9/25/01
(Date)

If signing on behalf of an entity:

BRIAN COURTNEY, ASST. V.P.
(Typed or Printed Name)

(Capacity)

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

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