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ACCOUNT NO. : 072100000032

REFERENCE : 135387 7377689

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: January 10, 2005

ORDER TIME : 2:41 PM

ORDER NO. : 135387-185

CUSTOMER NO: 7377689

CUSTOMER: Ms. Kathryn Bernard

Cbs Personnel Services Llc

Suite 300

435 Elm Street

Cincinnati, OH 45202

CHANGE OF AGENT

NAME:

VENTURI TEXAS STAFFING

PARTNERS, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. VENTURI TEXAS STAFFING PARTNER	S, LP		
N	Name of the limited partners	hip	
2. 09/21/2004	3.8040000004	02	
Date of filing/registration in Florida		Document number assigned	
4. The name of the registered agent and the Department of State:	ne registered office add	lress as shown on the records	of the Florida
C T Corporation	on System		,r 0
	Name		SE(C.)
1200 South Pir	ne Island Road	· <u>A</u>	
	Address		70
	- 22224	ي و	
Plantation, Fl		···-	
	City, State and Zip		記書
5. The name and address of the new regist	tered agent and/or offic	ce:	AN IO: 54
Corporation Ser	vice Company		
 	Name		
1201 Hays Stree	·t		
Florida stree	et address (P.O. Box not	acceptable)	
Tallahassee	FL	32301	
6. Such change(s) was/were authorized by	City, State and Zip the general partners.		
Signature of General Partner Kathryn S. Bernard, Asst. Secret I hereby accept the appointment as register, with the provisions of all statutes relative familiar with and accept the obligations of merely to reflect a change in the registered been notified in writing of this change. Corporation Service Company Signature of Registered Acept	ed agent and agree to a to the proper and co my position as register	act in this capacity. I further a mplete performance of my di red agent. Or, if this docume	igree to comply ities, and I am nt is being filed
Signature of Registered Agent			
Fligsboth & Dawson Aggt Wide	Progidont		

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00