

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092

Phone

Fax Number

: (850)878-5926

## REGISTERED AGENT CHANGE

UNITED TEMPS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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

Pursuant to the provisions of sections 607.0502, 617. statement of change is submitted for a corporation or	
	gistered agent, or both, in the State of Florida.
1. The name of the corporation: United Temps, Inc.	
2. The principal office address:	
1550 SOUTH INDIANA AVENUE CHICAGO IL 60	0605
3. The mailing address (if different):	
4. Date of incorporation/qualification: 3/17/2000	Document number: F00000001581
<ol><li>The name and street address of the current registere Florida Department of State;</li></ol>	ed agent and registered office on file with the
CORPORATION SERVICE COMPA	NY
1201 HAYS ST TALLAHASSEB, FL	. 32301
	8
6. The name and street address of the new registered a (if changed):	agent (if changed) and /or registered office
C T Corpo	ration System
c/o C T Corporation System	n, 1200 South Pine Island Road
(P.O. Box NOT accept	
Plantation, i	Florida 33324
The street address of its registered office and the stream changed will be identical.	eet address of the business office of its registered agent,
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change.
Oller Hills	Ashley Pipes, Attorney In Fact
(Signature) an office of director)  I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the document is being filed merely to reflect a change in corporation has been notified in writing of this chan  C T Corposition System	(Frailed or typed thins and title)  and agree to act in this capacity.  tanutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this is the registered office address, I hereby confirm that the tige.
By: Janace	7/22/08
(Signature of Registered Agout)	(Dute)
If signing on behal <b>Sammerting: Jones</b> Assistant Secretary	
(Typed 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

FL006 - 09/14/2005 C T System Quiling

CR2E045 (8/05)