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Division of Corporations Electronic Filing Cover Sheet

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To:

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Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 : (850)521-1000 Phone : (850)558-1515 Fax Number

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ō Email Address: ٥

REGISTERED AGENT CHANGE EMPLOYMENT SOLUTIONS MANAGEMENT, INC.

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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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CR2E045 (8/05)

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

statement of cha		607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of Georgia
		OLUTIONS MANAGEMENT, INC.
2. The principal	<u> </u>	
• •	wn Pointe Parkway, Suite 1040,	Atlanta, GA 30338
4. Date of incorp	poration/qualification: 10/25/2000	Document number: F0000005971
	d street address of the current registered ago	ent and registered office on file with the
	CT Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	Ho.
	(P.O. Box NOT acceptable)	To
	Tallahassee, FL 32301	97
The street address changed will	ess of its registered office and the street as be identical.	ddress of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted to board, or the appropriation has been notified.	by its board of directors or by an officer so fied in writing of the change.
	Mandal director of the control of th	Blanca Lozada, Attorney in Fact
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change. Then Service Company	agree to act in this capacity, es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Rv<:	mature of Registered Agent)	March 12, 2010 (Date)
If signing on be	half of an entity:	
	opet, Asst. VP	
r)	(ypod or Printed Name)	505.00 ± 4 ±
	* * * FILING FEE	: \$35.00 ° ° °

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314