

(Requestor's Name) . (Address) (Address)	900161976199		
(City/State/Zip/Phone #)			
(Business Entity Name)	10/23/0901004007***35.00		
(Document Number) Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	PILED 2009 OCT 23 PM II: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA		



October 19, 2009

Division of Corporations Florida Department of State Clifton Building P.O. Box 6327 Tallahassee, FL 32314

RE: Employment Management Professionals Inc.

Dear Filing Officer:

Please file the attached change of agent form for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Victor Alfano Vice President

Encl.

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

statement of cha	ange is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Staganized under the laws of the State of Onicstered agent, or both, in the State of Flo	itario, Canada		
1. The name of the corporation: Employment Management Professionals Inc.					
		ite 1510, Toronto, Ontario M5A 4K3 Can			
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 06/07/04	Document number: F040000	003153		
5. The name and		d agent and registered office on file with			
	Incorp Services, Inc.				
	17888 67 Ct. N				
	Loxahatchee, FL 33470		SEC	2009 (
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office	RETARY AHASSI	2009 OCT 23 PM II: 25	
	NRAI Services, Inc.		H _C	P	II
	2731 Executive Park Driv	ve, Suite 4	102 102	=	C
	(P.O. Box NOT accepted Weston, FL 33331	able)	P A	25	
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its	registered	agent,	
Such change wathorized by the	as authorized by resolution duly ador he board, or the corporation has been	pted by its board of directors or by an o i notified in writing of the change.	fficer so		
<u> </u>	ure of an officer of director)	Allen Anderson President (Printed or typed name and titl	<u>e) </u>		
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity, statutes relative to the proper and compobligation of my position as registered at the registered office address, I hereby age.	olete perfo agent. Oi confirm t	rmance r if this hat the	
Victor	Alam	10/19/09 (Date)			
	gnature of Registered Agent)	(Daty)			
	ehalf of an entity:				
VICTOL VILLE	o, Vice President				

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

(Typed or Printed Name)