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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone

: (850)521-1000

Fax Number

: (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE WORLDWIDE TRAVEL STAFFING, LIMITED INC.

| Certificate of Status | 0 |
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EXAMINER



11/19/2010 5:42:11 PM PAGE 3/003 Fax Server

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

| statement of cha | inge is submitted for a corporation org | 0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of New York istered agent, or both, in the State of Florida. | |
|---|--|--|----------|
| | | AVEL STAFFING, LIMITED INC. | |
| | office address: 2829 Sheridan Dr., | | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 09/22/2004 | Document number: F04000005410 | |
| | street address of the current registered tment of State: | d agent and registered office on file with the | |
| | Business Filings Incorporated | | |
| | 1203 Governor's Square Blvd., S | Suite 101 | |
| | Tallahassee, FL 32301 | · | |
| 6. The name and (if changed): | street address of the new registered ag | gent (if changed) and /or registered office | - Y |
| | Corporation Service Company | | 5 |
| | 1201 Hays Street | | 15 |
| | (P.O. Box NOT acceptal | bh) | |
| | Tallahassee, FL 32301 | v 9 | - |
| The street addre as changed will | ss of its registered office and the stre be identical. | et address of the business office of its registered again. | 41 *- |
| | | ted by its board of directors or by an officer so notified in writing of the change. | * |
| Klan | Lyde | Blanca Lozada, Attorney in Fact | |
| I hereby accept I further agree to of my duties, and document is beir corporation has | the appointment as registered agent to comply with the provisions of all st I am familiar with and accept the one filed merely to reflect a change in been notified in writing of this change. | (Printed or typed name and une) and agree to act in this capacity, alutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge. | |
| Ву: 😞 🗸 | on Service Company | 11/18/2010 | |
| (51) | nature of Registered Agent) | · (Date) | |
| If signing on bel | palf of an entity: | | |
| Sylvia Queppe | <u> </u> | | |
| (1) | yped 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
CR2E045 (8/05)