## F0400006562

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CORPORATION SERVICE COMPANY?

ACCOUNT NO. : I2000000195

REFERENCE : 851699 7583664

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: July 20, 2011

ORDER TIME : 8:59 AM

ORDER NO. : 851699-003

CUSTOMER NO: 7583664

## CHANGE OF AGENT

NAME: ALL TEAM STAFFING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

statement of cha	unge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Missouri ered agent, or both, in the State of Florida.
1. The name of	the corporation: ALL TEAM STAFFI	ING, INC.
2. The principal	office address: 1007 North Main Street	et, Columbia, IL 62236
·		
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 11/15/2004	Document number: F0400006562
	d street address of the current registered a rtment of State:	gent and registered office on file with the
	William Timmons	
	4907 Yacht Club Drive	超量机
	Tampa FL 33616	TALLAHASS TALLAHASS
6. The name and (if changed):	d street address of the new registered ager	
	Corporation Service Company	97. 59 197. 59
	1201 Hays Street	<del>~</del> .
	(P.O. Box NOT acceptable)	)
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an officer so stified in writing of the change.
(Signati	Ire of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)
I further agree t of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all state of a law familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. on Service Company	nd agree to act in this capacity.  utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
By: 5 (*		07/19/2011
75 (Sig	gnature of Registered Agent)	(Date)
If signing on be	half of an entity:	
Sylvia Queppo	ct, Asst. Vice President	
(7)	Typed or Printed Name)	

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

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