## F05000004895

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•7,

DEC 14 PH 12: 57

WINTER STATE



ACCOUNT NO. : 072100000032

REFERENCE : 750312

128214A

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: December 12, 2005

ORDER TIME : 10:53 AM

ORDER NO. : 750312-500

CUSTOMER NO: 128214A

## CHANGE OF AGENT

NAME:

SELECTIVE TECHNICAL

ADMINISTRATIVE RESOURCES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX \_ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or register	ed under the laws of the State of	New Jersey
1. The name of the	ne corporation: SELECTIVE TECHNICAL	ADMINISTRATIVE RESOURCE	S, INC.
2. The principal 40 Wantage A	office address: venue, Branchville, NJ 07890		<u> </u>
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 08/19/2005	Document number: F0500000	04895
5. The name and Florida Depart	street address of the current registered age ment of State:	ent and registered office on file wit	th the
	C T Corporation System		
	1200 South Pine Island Road	<u>.</u> .	
	Plantation, FL 33324		195 E F
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered offi	
	Corporation Service Company		
	1201 Hays Street		3
	(P.O. Box NOT acceptable)		12
	Tallahassee, FL 32301		-
	ss of its registered office and the street a be identical.		
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been noti	by its board of directors or by an fied in writing of the change.	officer so
Mau (Signatur	e of an officer or director)	Maureen Cullen, Attorney in Fact (Printed or typed name and t	itle)
I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and o comply with the provisions of all status I am familiar with and accept the oblig filed merely to reflect a change in the been notified in writing of this change.  Service Company	agree to act in this capacity. tes relative to the proper and con ation of my position as registered registered office address, I hereb	plete performance d agent. Or, if this by confirm that the
By: S	1 ~ (0/	December 7, 2005	· _
(Sig	nature of Registered Agent	(Date)	
If signing on bel	nalf of an entity:		
	Asst. Vice President	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
(T)	yped or Printed Name)		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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