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100R-12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 152573 7875736

AUTHORIZATION

COST LIMIT :

ORDER DATE : April 2, 2012

ORDER TIME: 10:46 AM

ORDER NO. : 152573-016

CUSTOMER NO: 7875736

CHANGE OF AGENT

NAME: ABBTECH STAFFING SERVICES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Vera M. Norris

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. inge is submitted for a corporation or ir to change its registered office or reg	ganized under the laws of the Stat	te of Virginia
1. The name of t	the corporation: ABBTECH STAF	FING SERVICES, INC.	
2. The principal	office address: 45625 Willow Pone	d Plaza, Sterling, VA 20164	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/26/2006	Document number: F06	5000002680
5. The name and	d street address of the current registere tment of State:		ile with the
	NRAI Services, Inc.	,	
	515 E. Park Avenue		
	Tallahassee, FL 32301 US		THE THE
6. The name and (if changed):	l street address of the new registered a	agent (if changed) and /or registere	057 P
	Corporation Service Company		PN 4: 42 EE. FLORID
	1201 Hays Street		ORNIE OR
	(P.O. Box NOT accept	table)	77
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office	e of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has beer	pted by its board of directors or in notified in writing of the chang	by an officer so
Elegati	are of an officer or director)	Elizabeth A. Dawson, So	
I further agree i of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change is s been notified in writing of this char	t and agree to act in this capacit statutes relative to the proper an obligation of my position as reg n the registered office address, I nge.	y. d complete performance istered agent. Or, if this hereby confirm that the
By:	on Service Company	04/11/2012	
	nature of Registered Agent) half of an entity:	(Date)	
Grace E. Kirb	y, Asst. Vice President Typed or Printed Name)		

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