FDUDDO004333

	المعتادية المراجعة				
Corporate Services, LLC					
16055 Space Center Blvd., Suite 235 Houston, TX 77062					
(City/State/Zip/Phone #)					
. PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to F	iling Officer:				
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DIVISION OF CORPORATIONS

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RARD Ch5

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

statement of cha	nge is submitted fo	r a corporation orga	02, 607.1508, or 617.1508, Florida S nized under the laws of the State of \bot tered agent, or both, in the State of F	Delaware	_
1. The name of	the corporation:	Ac	lvantage Human Resourcing,	Inc.	
2. The principal		5 Main Street, 7th			· · · · · - · · · ·
3. The mailing a	address (if different)			,	
4. Date of incorp	poration/qualification	on: 06/22/2006	Document number: F0600	0000433	
5. The name and			agent and registered office on file wit		
	CT Corporation	on System			
	1200 South P	ine Island Road		- -	
	Plantation, FL	33324		_ 08	DIV
6. The name and (if changed):	street address of th	ne new registered age	nt (if changed) and /or registered offi		DIVISION OF CO
	NRAI Servic	es, Inc.		A A 10:	ORPO.
	2731 Execut	tive Park Drive		_	STATI
	Westen El	(P.O. Box NOT acceptable		C/B	SS.
	Weston, FL			-	
The street addre as changed will	ess of its registered be identical.	office and the street	address of the business office of its	s registered age	ent,
Such change wa authorized by th	as authorized by re- ne board, on the cor	solution duly adopte poration has been no	d by its board of directors or by an otified in writing of the change.	officer so	
Sacret	H. Kull	r)	Samuel S. Crocker, Asst. S		_
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment a to comply with the d I am familiar wii ng filed merely to i been notified in w	s registered agent ar provisions of all stat h and accept the obl reflect a change in th riting of this change	nd agree to act in this capacity. Lutes relative to the proper and combigation of my position as registered to the registered office address, I hereby	aplete performa d agent. Or, if by confirm that	nce this the
Victa	Mam		2/7/08		
	gnature of Registered Age	nt) .	(Datc)		_
If signing on be	half of an entity:				
	no, Vice Pres	sident			
(1	Abra or remon (anne)	* * * FILING FI	EE: \$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)