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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE :

184765

AUTHORIZATION :

COST LIMIT

ORDER DATE: April 27, 2012

ORDER TIME : 11:09 AM

ORDER NO. : 184765-016

CUSTOMER NO: 7667927

CHANGE OF AGENT

NAME: SPHERION ASSESSMENT INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

in orde	inge is submitted for a corporation organ er to change its registered office or registe	ered agent, or both, in the Stat	
1. The name of	the corporation: SPHERION ASSESS	MENT INC.	
2. The principal	office address: 2050 Spectrum Blvd, I	Fort Lauderdale FL 33309	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/11/2008	Document number: F0	8000002606
	I street address of the current registered at the timent of State:	gent and registered office on f	ile with the
	Corproate Creations Network Inc		##* ,
	11380 Prosperity Farms Road #221	Е	15. 2
	Palm Beach Gardens, FL 33410		
6. The name and (if changed):	I street address of the new registered agen	it (if changed) and /or register	FILE OF STATE SECRETARY OF STATE FLORIO
	Corporation Service Company		TEST W
	1201 Hays Street		86.45
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street be identical.	address of the business offic	e of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	l by its board of directors or tified in writing of the chang	by an officer so ge.
him	3	Sean Bradley, Secretary	,
(Sighath	ne of an officer of director)	(Printed or typed nar	me and title)
I hereby accept I further agree t of my duties, an document is bei corporation has Corporatic	the appointment as registered agent and comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. on Scrvice Company	d agree to act in this capacit utes relative to the proper an gation of my position as reg e registered office address, I	ty, ad complete performance istered agent. Or, if this hereby confirm that the
• _	• • •	<u>4 - 2-7 - /3</u>	١
Sig	nature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
	et, Asst. Vice President		
T)	yped or Printed Name)		
	* * * FILING FE	E: \$35.00 * * *	

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