## Florida Department of State

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R. WHITE

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## REGISTERED AGENT CHANGE AXIOM STAFFING GROUP INC.

| Certificate of Status | 0       |
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## **COVER LETTER**

| TO:                       |           |        | nt Section<br>f Corporations          |                         |             |                            |
|---------------------------|-----------|--------|---------------------------------------|-------------------------|-------------|----------------------------|
| SUBJ                      | ECT.      | ΑX     | IOM STAFFING GROUP, INC               |                         |             |                            |
| SUDJ                      | EC1:_     |        | Name of                               | Corporati               | OB          |                            |
| DOC                       | UMEN      | T NU   | F1000000:                             | 5186                    |             |                            |
|                           |           |        | ement of Change of Registered Off     | ice/Agent               | and fee a   | re submitted for filing.   |
|                           |           |        | orrespondence concerning this matt    | •                       |             | _                          |
|                           |           |        | Kathy Schoibl                         | in                      |             |                            |
|                           |           | -      | Name of C                             |                         | SOIL        |                            |
| Axiom Staffing Group, Inc |           |        |                                       |                         |             |                            |
|                           |           |        | Firm/C                                | Company                 |             |                            |
|                           |           |        | 2475 Northwinds Pari                  | kway, Sr                | ite 575     |                            |
|                           |           | -      | Ad                                    | dress                   | <del></del> |                            |
|                           |           |        | Alpharetta, G.                        | A 30009                 |             |                            |
| City/State and Zip Code   |           |        |                                       |                         |             |                            |
|                           |           |        | kscheiblin@ax                         | iomstaffin <sub>i</sub> | g.com       |                            |
|                           |           | -      | E-mail address: (to be used for       | future ar               | mual rep    | ort notification)          |
| For fu                    | ırther in | noon   | ation concerning this matter, please  | e call:                 |             |                            |
|                           |           | K      | Kathy Scheiblin                       | nt f                    | 78          | 775-3942                   |
|                           |           | Nai    | me of Contact Person                  | <u></u>                 | rea Code    | & Daytime Telephone Number |
| Enclo                     | sed is a  | \$35.( | 00 check made payable to the Depa     | rtment of               | State.      |                            |
|                           |           |        | Malling Address:<br>Amendment Section |                         | Street      | Address:<br>Iment Section  |
|                           |           |        | Division of Corporations              |                         | Divisio     | on of Corporations         |
|                           |           |        | P.O. Box 6327                         |                         |             | Building                   |
|                           |           |        | Tallahassec, FL 32314                 |                         |             | executive Center Circle    |

CR2E045 (03/12)

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

| Pursuant to the provisions statement of change is subs  | nitted for a corporation or   | ganized und   | ler the laws of the Sta  | te of Georgia   |          |  |  |
|---|---|---|--|---|----------|--|--|
| In order to change  | lis registered office or reg  | istered age   | ent, or both, in the Sta   | te of Florida.  |          |  |  |
| 1. The name of the corpora  | tion: Axiom Staff   | Axiom Staffing Group  |  |   |          |  |  |
| 2. The principal office addi  | ress: 2475 Northwin   | 2475 Northwinds Parkway, Suite 575  |  |   |          |  |  |
|   | Alpharetta,   | Georgia   | 30009  |   |          |  |  |
| 3. The mailing address (if o  | lifferent):   |   |  |   |          |  |  |
| 4. Date of incorporation/qu   | alification: 11/24/2  | 010 D   | ocument number:  | F10000005186  |          |  |  |
| 5. The name and street add  |   |   | d registered office on   | file with the   |          |  |  |
| •   | tate: (If resigned, enter resi<br>chibald B. Kay III  | gnea)   |  |   |          |  |  |
|   | ** · · · · · · · · · · · · · · · · · ·  |   |  | <del></del>   |          |  |  |
|   | 5 Harbor Drive  |   |  | <del></del>   |          |  |  |
| St. /   | Augustine, Florida 320  | 84  |  |   |          |  |  |
| 6. The name and street add (if changed):  | ress of the new registered a  | ngent (if ch  | anged) and for register  | red office  | #        |  |  |
| С Т Согро   | ration System   |   |  |   |          |  |  |
| do C T Co   | rporation System, 1200 Sout   | h Pine Islan  | d Road   |   | Ö        |  |  |
|   | P.O. Box 1  | NOT acceptable  | ,  |   | ,1:      |  |  |
| Plantation,   | Florida 33324   | <del></del>   |  |   | رق:      |  |  |
| The street address of its re<br>as changed will be identic  |   |   |  |   | <u>~</u> |  |  |
| Such change was authorize nuthorized by the board, o  | ed by resolution duly adop<br>r the corporation has been  | ted by its t<br>notified in   | oard of directors or t<br>writing of the change  | y an officer so   |          |  |  |
| Kax the   | plu /   |   | n Scheiblin, Director, (   |   |          |  |  |
| Signature of an office  | ** *******  |   | Printed of Types barne   |   |          |  |  |
| I hereby accept the appoint further agree to comply a performance of my duties, agent. Or, if this document thereby confirm that the co | iment as registered agent<br>vith the provisions of elf s<br>and I am familiar with an<br>it is being filed merely to r<br>rporation has been notifie | and agree<br>talutes rela<br>d gocept th<br>reflect a chi<br>d in writing | to act in this capacity<br>tive to the proper an<br>e obligation of my po<br>ange in the registered<br>y of this change. | y,<br>d complete<br>sition as registered<br>i office address, l |          |  |  |
| By:   | ltem  |   | 5/30/2014  |   |          |  |  |
| Signature of Rogic  | sered Agent   | ***************************************                                   | Date   | <del></del>   |          |  |  |
| If signing on behalf of an  | entity:   |   |  |   |          |  |  |
| Jordan Brown, Ast. Secre  |   |   |  |   |          |  |  |
| Typed or Printed  |   | DDD. ess  | \n + + +   |   |          |  |  |
|   | * * * FILING  | r むた: 335.l   | /U - " "   |   |          |  |  |

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