

ACCOUNT NO. : 07210000032

REFERENCE :

495217

8316A

AUTHORIZATION :

juon

COST LIMIT : \$ 35.00

ORDER DATE: August 13, 1997

ORDER TIME : 11:33 AM

ORDER NO. : 495217-010

CUSTOMER NO:

8316A

CUSTOMER: Mr. Robert Calabro

Accustaff Incorporated 177 Crossways Park Drive

Woodbury, NY 11797

F)LC SECTATAGE 15 ALLAHASSEE

PN 1: 50 FLORIDATE

900002268699

CHANGE OF AGENT

NAME:

LENCO PRO, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF EILING!

CERTIFIED COPY

XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Warren Whittaker

RECEIVED
97 AUG 15 PH 2: 02

O DIVISION OF CORPORATION

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section Florida Statutes, the undersigned of MASSACHISETTS submits the following submits the sollowing submits submits the sollowing submits submi	corporation organized wing statement in or	amer any 1900ff	Of the State of
or registered agent, or both, in the	State Florida.		
1a. The name of the corporation is	THE LENCO PRO INC.		
1b. Date of incorporation:	Document number		
2. The name and address of the TOM JOHNSON	current registered as	gent and office:	
2846B REMINGTON GREEN CIRCLE	TALLAHASSEE	FL	A 32308
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)			
CORPORATION SERVICE COMPANY			S M
1201 Hays Street, Tallahassee, Florida 33	2301		COA .
The street address of its registere of its registered agent as change Such change was authorized by an officer so authorized by the b	d will be identical. resolution duly adop oard.	ted by its board	
M	ROBERT C	SIDENT-TAXES	
SIGNATURE //// / 9) DATE	Туре	ed or printed nan	ne and title
HAVING BEEN NAMED AS REG PROCESS FOR THE ABOVE ST IN THIS CERTIFICATE, I HEREE AGENT AND AGREE TO ACT II WITH THE PROVISIONS OF AL PLETE PERFORMANCE OF MY THE OBLIGATION OF MY POS	ATED CORPORATION ATED CORPORATION THIS CAPACITY. L STATUTES RELATED DUTIES, AND I AM	POINTMENT AS I FURTHER AGE TIVE TO THE PR FAMILIAR WITH ED AGENT. CORPORATION SEE	REGISTERED REE TO COMPLY OPER AND COM- H AND ACCEPT RVICE COMPANY WILL H. Culle
	DATE	ASST VICE/PRESI	DENT