## F94000003506



ACCOUNT NO.

072100000032

RA-Charge 02-02-98

REFERENCE

688088

4725625

AUTHORIZATION

COST LIMIT

ORDER DATE: January 30, 1998

ORDER TIME :

9:29 AM

ORDER NO. : 688088-035

CUSTOMER NO:

4725625

CUSTOMER: Mr. Robert J. Calabro

Accustaff Incorporated 177 Crossways Park Drive

Woodbury, NY 11797-2047 800002418008--7

## CHANGE OF AGENT

NAME:

OFFICE SPECIALISTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Brenda Phillips

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of MASSACHUSETTS	
submits the following statement in order to change its registe State of Florida.	
1. The name of the corporation is: OFFICE SPECIALISTS, I	NC.
2. The mailing address of the corporation is: 177 CROSSWAYS PARK DRIVE, WOODBURY, NY 11797	
3. Date of incorporation/qualification: 7/5/94	Document number:
4. The name and address of the current registered agent and o	ffice:
CT CORPORATION SYSTEMS	
1200 SOUTH PINE ISLAND ROAD	8 FEB
5. The name and address of the new registered agent and office	98 FEB -2 PM 2: 07  ce: (P. O. Box Not Acceptable)
Corporation Service Company	2: 07
1201 Hays Street	
Tallahassee, FL 32301	
The street address of its registered office and the street address, as changed, will be identical.	
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by an officer so
Mr	1/11/97
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Publika carager V	1/1/2
(Printed or typed name and title) Having been named as registered agent and to accept serv corporation, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and acce registered agent.	d agent and agree to act in this capacity. s relative to the proper and complete
Carol Kalle CAROL K. DOLOR	
(Signature of Registered Agent)  If signing on behalf of an entity:	(Date)
Corporation Service Company	AUTH REP
(Typed or Printed Name)	(Capacity)

CR2E045(3/96)