FILED May 27, 2003 8:00 am Secretary of State 05-27-2003 90172 016 ***550.00

2003	FOR	PROFIT	CORPORAT	'ION
UNIFO	RM I	BUSINES	S REPORT	(UBR)

TITLE CORRELL, A.D. STREET ADDRESS CITY-ST-2P ATLANTA, GA 30303 TITLE DOFO HUFF, DANNY 133 PEACHTREE ST., NE ATLANTA, GA 30303 TITLE NAME STREET ADDRESS CITY-ST-2P ATLANTA, GA 30303 TITLE NAME STREET ADDRESS CITY-ST-2P ATLANTA, GA 30303 Change Addition ADDITINELY AS ADDITINELY ADDITINELY AS ADDITINELY ADDITINELY ADDITINE ADDITIN	1. Entity Na	IMENT # F95000005 A TEMP, INC.	.181 ∨				200000			
Suite, Apt. 4, etc. Grieck, RERE F MAKING CHANGES City & State City & Ci	133 PEACHT	TREE ST., NE	133 PEACHTREE ST., NE] 				
City & State Country Accordance of Status bearing Size Address of Current Registered Agent T. Name and Address of New Registered Agen	2. Principal	Place of Business	3. Mailing Address							
SS. 75 Actionale Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Section	Suite, Apt	L#, etc.	Sulte, Apt. #, etc.	Sulte, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Regimered Agent 7. Name and Address of Nowr Registered Agent 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL. 33324 Sheet Address (P.O. Box Number is Not Acceptable) City FL Dp Code a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorica. I am familiar with, and accept the educations of registered agent. SIGNATURE Funds, revision influencement registered in Fair and accept the control of registered agent. SIGNATURE Funds, revision influencement registered in Fair and accept the control of registered agent. POTTE Registered Agent Agent symmetre registered agent, or both, in the State of Fiorica. I am familiar with, and accept the decigations of registered agent. SIGNATURE Funds, revision in the State of Fiorica. I am familiar with, and accept the following interest agent. POTTE Registered Agent Agent symmetre registered agent. POTTE Registered	City & Sta	ite	City & State			4. FEI Num				`
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ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Joanna B. Apolinsky 5/2/03 404/652-4000	TITLE NAME STREET ADDRESS CITY-ST-2P	MAMRACK, WILLIAM A 56 PARK PLACE	☐ Delete	NAME STREET ADDR	S Khor 133	ury, Ke Peacht	nneth F. ree Street		Change	Addition
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