60000042



ACCOUNT NO. : 072100000032

REFERENCE____;

COST LIMIT : \$ 35.00

ORDER DATE: August 22, 1997

ORDER TIME : 11:33 AM

ORDER NO. : 505792-015

CUSTOMER NO:

8316A

200002277722--9

CUSTOMER: Mr. Robert Calabro

Accustaff Incorporated 177 Crossways Park Drive

Woodbury, NY 11797

CHANGE OF AGENT

NAME: LENCO GROUP INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Susana Romagosa

HORIZATION BY PHONE TO

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 sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office	
or registered agent, or both, in the State Florida.	roor to change its registered office
1a. The name of the corporation is: The LENCO GROUP, INC	
1b. Date of incorporation:	_Document number
2. The name and address of the current registered agent and office: TOM JOHNSON	
2846B REMINGTON GREEN CIRCLE TALLAHASSEE	FL 32308
3. The name and address of the new registered agent (P.O. Box Not Acceptable)	t and office: TALLARE STANDS
CORPORATION SERVICE COMPANY	<u> </u>
1201 Hays Street, Tallahassee, Florida 32301	<u> </u>
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by	
an officer so authorized by the board. ROBERT CA VICE-PRES	ALABRO IDENT-TAXES
SIGNATURE Types SIGNATURE DATE	d or printed name and title
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. CORPORATION SERVICE COMPANY VICKI SCHREIBER SIGNATURE BY:	

DATE