Division of Corporations Public Access System

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Division of Corporations

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From?

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

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REGISTERED AGENT CHANGE

TECH2STAFFING INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

BECKER WILLIAM MARCH

COMPONE PINC

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

Pursuant to the pri	ovisions of sections 607.050	2, 617,0502, 607.1508, or 617.1508,	Florida Statutes,
this statement of ch	ange is submitted for a corpo	pration organized under the laws of th	e State of
Delaware	in order to change its re	gistered office or registered agent, or	both, in the State
of Florida.			
1. The name of the	corporation: Tech2Staffing in	ry re	
2. The principal off	ice address: II401 Lamar, On	verland Park, KS 64114	- 200
3. The mailing addr	ress (if different):		7000000729
4. Date of incorpora	ation/qualification: 1/28/1997	Document number: P9	7000000729
5. The name and st Florida Departm	•	gistered agent and registered office on	file with the
	Согрогатіо	n Service Company	<u> </u>
	12	OI Hays St.	
	Tallahass	see, Florida 32301	_
6. The name and s changed):	treet address of the new reg	pistered agent (if changed) and /or re	gistered office (if
_ ,	C T Co	poration System	·
	do CTC	orporation System	
(P.O. Box or personal malibox NOT acceptable)			
	1200 South Pine Island	Road, Plantation, Plorida 33324	
The street address of agent, as changed v	of its registered office and the	e street address of the business office	e of its registered
(Signature of seconices, chair	HOURS OF VICE EDITING () (HE BO ESS)	adopted by its board of directors or been notified in writing of the chang John J. Linnihan, Vice Pres	
I hereby accept the I further agree to a performance of my registered agent. Confice address, I held to the confice address of the confis	appointment as registered a omply with the provisions of duties, and I am familiar wi or, if this document is being reby confirm that the corpor orgion Systems	igent and agree to act in this capacit all statutes relative to the proper an th and accept the obligation of my po filed merely to reflect a change in the ation has been notified in writing of), d complete vsition as t registered this change.
Ву:	ure of Registered Agent)	October 20, 20	·04
If signing on behalf of a	in entity;		
	J. Linnihan	Asst. Vice President	
(1) pod((1)	er Printed Nama)	(Capacity)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahasee, FL 32314