

# F97000006318

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Advantage Staffing & Benefits, Inc.

FILED  
MAY -7 PM 4: 12  
TALLAHASSEE FLORIDA

300004139993--9

05/06/01 01803--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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|--|---|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                  |
| <input type="checkbox"/> Nonprofit           |   |  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                    |
|  | <input type="checkbox"/> Reinstatement          |  |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input checked="" type="checkbox"/> Change of RA |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30              |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up      |
| <input type="checkbox"/> Mail Out            |   |  |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

5/7/01

Order#: 3771254

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

NOT RELEASABLE  
TO AKNOWLEDGE  
SUFFICIENCY OF FILING

2001 MAY -7 PM 3: 34

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

G. COULLETTE MAY 07 2001

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, 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 Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Advantage Staffing & Benefits, Inc.

2. The mailing address of the corporation is: 904 7th North Street, Liverpool, NY 13088

3. Date of incorporation/qualification: December 27, 1996 Document number: F97000006318

4. The name and address of the current registered agent and office: Kenneth J. Morrison, 6531 Park of Commerce Blvd., Boca Raton, FL 33487

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) C T Corporation System, c/o C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

FILED 01 MAY -7 PM 4: 12 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

The street address of its registered office 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.

Signature of an officer, chairman or vice chairman of the board

3-26-01 (Date)

Sherri Krittenbrink, Asst. Sec. (Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Signature of Registered Agent

May 2, 2001 (Date)

If signing on behalf of an entity: John J. Linnihan (Typed or Printed Name)

Asst. V.P. (Capacity)