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DEPARTMENT OF STATE OF STATE OF CORPORATIONS
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CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 8432916 7758998

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 12, 2011

ORDER TIME : 9:31 AM

ORDER NO. : 843316-007

CUSTOMER NO: 7758998

CHANGE OF AGENT

NAME: ALABAMA STAFF, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Alabama ler to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: ALABAMA STAFF, INC.
	Avenue South, Suite 220, Birmingham, AL 35205
3. The mailing a	address (if different):
4. Date of incor	rporation/qualification: 12/09/1998 Document number: F98000006725
	d street address of the current registered agent and registered office on file with the artment of State:
	C T Corporation System
	Plantation, FL 33324
	Plantation, FL 33324
6. The name and (if changed):	F= (-)
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre as changed will	ress of its registered office and the street address of the business office of its registered agent, l be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Mar	Maureen Cathell, Vice President (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change. ion Scrvice Company
By:	ignature of Registered Agent) (Date)
If signing on be	chalf of an entity:
Grace E. Kirb	by, Asst. VP
(T	Typed or Printed Name)

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