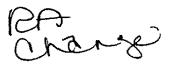
## G59398

| (Requestor's Name)                      |
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|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |  |
|--|--|
| SUBJECT: AMERISTAFF OF FLORIDA, INC.  (Name of corporation)  |  |
| DOCUMENT NUMBER: G59398  |  |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  |  |
| Please return all correspondence concerning this matter to the following:  |  |
| ELISE LYNN, GENERAL COUNSEL (Name of contact person)   |  |
| CRUM SERVICES (Firm/Company)   |  |
| 100 S. MISSOURI AVENUE (Address)   |  |
| CLEARWATER, FL 33756   |  |
| (City/state and zip code)  |  |
| For further information concerning this matter, please call:   |  |
| FRANK W. CRUM, JR. at (727 ) 726-2786  (Name of contact person) (Area code & daytime telephone number)   |  |
| (Name of contact person) (Area code & daytime telephone number)  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.   |  |
| Mailing Address:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address:  Amendment Section  Division of Corporations  409 E. Gaines Street  Tallahassee, FL 32319 |  |

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

| statement of cha              | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA r to change its registered office or registered agent, or both, in the State of Florida.  |
|-------------------------------|---|
| 1. The name of t              | the corporation: AMERISTAFF OF FLORIDA, INC.  |
|                               | office address: 100 S. MISSOURI AVENUE, CLEARWATER, FL 33756  |
|                               |   |
| 3. The mailing a              | ddress (if different): 100 S. MISSOURI AVENUE, CLEARWATER, FL 33756   |
| 4. Date of incorp             | poration/qualification: 9/13/1983 Document number: G59398   |
|                               | street address of the current registered agent and registered office on file with the treet of State:   |
|                               | FRANK W. CRUM, JR.  |
|                               | 3040 GULF TO BAY BLVD., STE 110   |
|                               | CLEARWATER, FL 34619  |
| 6. The name and (if changed): | 3040 GULF TO BAY BLVD., STE 110  CLEARWATER, FL 34619  street address of the new registered agent (if changed) and /or registered office  |
|                               | ELISE B. LYNN   |
|                               | 100 S. MISSOURI AVENUE  |
| •                             | (P.O. Box NOT acceptable)   |
|                               | CLEARWATER, FL 33756  |
| The street addre              | ss of its registered office and the street address of the business office of its registered agent, be identical.  |
|                               | is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.  |
|                               | FRANK W. CRUM, JR.  |
| I havahu accent               | the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. |
|                               |   |
| (Sig                          | mature of Registered Agent) (Date)  |
| If signing on be              | half of an entity:  |
| Т)                            | yped or Printed Name)   |