## H06844

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SECRETARY OF ST. T.S.

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## TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations

		<b>_</b>			
SUBJECT:	FCCI STAFFING S (Name of corporat		······		
	(Ivanie of corporat	lon			
DOCUMENT NUMBER:	H06844		<b>-</b>		
The enclosed Statement of Change	of Registered Office/Agent and	d fee are submitted for f	iling.		
Please return all correspondence co	ncerning this matter to the follo	owing:			
	GINA BRKICH, CORPORATE	COUNSEL			
<u>u</u>	(Name of person	)			
FCCI INSURANCE GROUP					
	(Name of firm/comp	any)			
	6300 University Parkway				
	(Address)			•	
:	Sarasota, FL 34240-8424				
	(City/state and zip c	ode)		• · ·	
For further information concerning	this matter, please call:				
	-				
Gina Brkich, Corporate Co		at (941) 907 -	7819		
(Name of pe			ime 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 <u>Street Address:</u> Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

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

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1. The name of the	he corporation:	FCCI STAFFING SO	LUTIONS INC.			
2. The principal	office address:					
		Sarasota, FL 32399-0	332	<u></u>		
3. The mailing ac	ddress (if different)	: N/A				
4. Date of incorp	oration/qualification	on: 6/4/84	Document number:H06844			
5. The name and Florida Depart		e current registered ager	nt and registered office on file with the	he		
	6	. W. Jacobs	· · · · · · · · · · · · · · · · · · ·	1.0		
	6	300 University Parkway	,	ALLEAR AR		
	s	arasota, FL 32399-033	2	APR 13		
6. The name and (if changed):	street address of th	e new registered agent (i	if changed) and /or registered office			
		Thomas A. Koval		46		
6300 University Parkway						
		(P.O. Box or personal mail	box NOT acceptable)			
	3	Sarasota, FL 32399-033	2	<u></u> :		
The street addres changed will be	ss of its registered identical.	office and the street add	dress of the business office of its re	egistered agent, as		
Such change was the board, or the	s authorized by re corporation has b	solution duly adopted by een potified in writing o	y its board of directors or by an ofl of the change.	ficer so authorized by		
	matur offan officer or of		G.W. Jacobs, Pre	esident & CEO		
•	° / /		gree to act in this capacity. s relative to the proper and comple f my position as registered agent. ice address, I hereby confirm that t			
	$/ \mathcal{V}$		4/07/04			
If signing on pe	Signature of Registered 7 half of an entity:	Agent)	· / (Date)			
	(Typed or Printed Name	)	(Čapacit	y)		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

## UNANIMOUS WRITTEN CONSENT IN LIEU OF A SPECIAL MEETING OF THE BOARD OF DIRECTORS OF FCCI STAFFING SOLUTIONS, INC.

The undersigned, being all of the directors of FCCI Staffing Solutions, Inc., a Florida corporation (the "Corporation"), acting by unanimous written consent in lieu of a special meeting, hereby consent to the adoption of, and adopt, the following as resolutions of the Board of Directors of the Corporation and direct the Secretary of the Corporation to place a copy of this written consent in the minute book of the Corporation.

RESOLVED, that the Corporation's registered agent in Florida shall be changed from G.W. Jacobs to Thomas A. Koval, and the staff and officers of the Corporation are authorized to take any and all actions necessary to effect such change.

FURTHER RESOLVED, that these actions are to be effective on the 25th day of March, 2004.

Dated this 25th day of March, 2004.

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Charles Baumànn Albert L. C hvérs Robert W. Flanders H. R. Foxworthy

William E. Getzen

Marvin &. Haber G. W. Jacobs

ohn T. S

Charles E. Stottlemyer