## UDD 0000034147

## EXECUTIVE SEARCH SOLUTIONS, LLC 2320 S. Carolina Avenue Tampa, FL 33629 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status\_ Certified Copies \_\_\_\_\_ Special Instructions to Filing Officer:

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2005 JAN -5 AMID: 55
SECRETARY OF STATE

W 34147

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company	is: EXECUTIVE SEARCH SOLUTIONS, LLC
2. The mailing address of the limited liability	y company is: 2320 S CAROLINA AVENUE, TAMPA
FLORIDA 33629	, 100
DECEMBER 18, 2002	L02000034147
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the re Florida Department of State:	egistered office address as shown on the records of the
C T CORPORA	TION SYSTEM
C/O CT CORP.	Name 1220 S. PINE ISLAND RD
PLANTATION F	Address LORIDA 33324
C	ity, State and Zip
6. The name and address of the new registere	d agent and/or office:
SUZANNE L. CHAMBERLAND	
2320 S. CAROLINA AVENUE	
Florida street add	ress (P.O. Box NOT acceptable)
TAMPA	FL 33629
Cit	y, State and Zip
If the limited liability company is not organized under the laws of the State of Florida in hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an Alliumative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	
	d agent and agree to act in this capacity. I further agree to ative to the proper and complete performance of my duties, tions of my position as registered agent as provided for in no filed to merely reflect a change in the registered office bility company has been notified in writing of this change.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18(10/99)