

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-038@3

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

KFORCE FLEXIBLE SOLUTIONS, LLC

Certificate of Status Certified Copy Û Page Count 02 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

12/14/2006

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

| Pursuant to the provision liability company submagent, or both, in the St. | ions of sections 608.4 its the following state: ate of Florida. | 16 or 608.508, ment in order t | Florida Statutes, o change its registe | the undersigned limited cred office or registered |
|--|--|--|--|---|
| 1. The name of the limit | ted liability company i | is: KForce Flexib | le Solutions, LLC | - <u></u> |
| 2. The mailing address | of the limited liability | company is : | | |
| 1001 East Palm Avenue, Tar | • | | | |
| December 20, 2002 | | <u> </u> | L0200003 | ロスプノ |
| 3. Date of filing/registra | ition in Florida | , | 4. Document numb | |
| 5. The name of the regis Florida Department o | tered agent and the reg f State: | gistered office a | ddress as shown on | the records of the |
| Michael R. Hurley | | | | |
| | Name | | | TA TA |
| 1001 East Palm Avenue | | | 二页 6 | |
| Address | | | | |
| City, State and Zip | | | | |
| | • | • | | 32 F |
| 6. The name and address of the new registered agent and/or office: | | | | |
| C T Corporation System | | | | |
| Name | | | | IO: 13 |
| 1200 South Pine Island Road | | | Ş₩ | |
| • | Florida street addre | ss (P.O. Box N | OT acceptable) | |
| | Plantation | FL_ | 33324 | |
| | City, | State and Zip | ŧ | |
| If the limited liability co- confirmed that after the and the business office of liability company, it is ho of the members of the li- or the operating agreement (Signature of a member or outs | change or changes are if the registered agent is creby confirmed that the imited liability companient of the limited liabil and the limited liabil confirmed that the limited liabil confirmed the limited liabil | made, the Flori will be identica the change(s) way or as otherwi- ity company. | da street address of l. Ot, in the case of as/were authorized b | the registered office a Florida limited by an affirmative vote |
| (Printed or typed name of signs | Samoons, MAN | IAGER_ | | |
| comply with the provision of and I am familiar with a Chapter 608, F.S. Or it address, I hereby confin | otheren is registered in sof all statutes relation of all statutes relation that document is being in that the limited liablingerion System LEULION | agent and agre ive to the prope rns of my postif if filed to merel lity company ha | e to act in this capa r and complete perf on as registered age reflect a change in is been notified in w | city. I further agree to ormance of my duttes, mt as provided for in the registered office riting of this change. |
| Barbara A. Burka Barbara Assistant Secretary Divisi | on of Corporations, I | P.O. Box 6327, NG FEE: \$25 .0 | Tallahassee, FL 3: | 2314 |
| INH818 (8/05) | | | | |

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