## L39173

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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	ACCOUNT NO.	:	072100000	032		
	REFERENCE	:	483660	7498030		
	AUTHORIZATION	:	Levels	denan		
	COST LIMIT	:	\$ 36.00			
ORDER DATE :	September 27, 20	06				
ORDER TIME :	2:20 PM					
ORDER NO. :	483660-130					
CUSTOMER_NO:	7498030					
CHANGE OF AGENT  NAME: TEAMSTAFF IX, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIF PLAIN	IED COPY STAMPED COPY		·			
CONTACT PERSON	: Sara Lea El	KT#	2914			
			EXAMINER:		<del></del>	

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organizer to change its registered office or register	zed under the laws of the State of $\underline{\mathbb{F}^1}$	orida
1. The name of	the corporation: TEAMSTAFF IX, IN	ic.	
	office address:		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/29/1989	Document number: L39173	
	d street address of the current registered ag rtment of State:	ent and registered office on file with	the
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered offic	ZOOK OC
	Corporation Service Company	<u> </u>	FIL T-4 TARY ASSE
	1201 Hays Street		E B
	(P.O. Box NOT acceptable)		STA 4:
	Tallahassee, FL 32301	and the same of th	05 8A
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its	registered agent,
	as authorized by resolution duly adopted he board, or the corporation has been not		
Kar		Maureen Cullen, Attorney	75 Eq
I further agrée of my duties, ar document is be corporation ha	the appointment as registered agent and to comply with the provisions of all statudd I am familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change.	(Printed or typed name and title dagree to act in this capacity tes relative to the proper and composition of my position as registered registered office address, I hereby	
By Aim	1 Curses	09/25/2006	
	grature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Sylvia J. Qu	eppet, Assistant VP	•	·
(	Typed or Printed Name)		

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