710 (Requestor's Name) (Address) 700080081077 (Address) (City/State/Zip/Phone #) 2006 OCT -4 PM 5: 06 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) 云 Certified Copies _____ Certificates of Status 06 OCT -4 PM 2:57 RECEIVED , , Special Instructions to Filing Officer: ADR 1015/00 Office Use Only

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CORPORATION SERVICE OF MPANY

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ACCOUNT NO.	t	07210000032 -
REFERENCE	:	483660 7498030
AUTHORIZATION	:	Smulsdeman
COST LIMIT	:	\$ 36.00
ORDER DATE : September 27, 20	006	· · ·
ORDER TIME : 2:23 PM		
ORDER NO. : 483660-150		
CUSTOMER NO: 7498030		
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CHANGE OF AGENT

NAME: TEAMSTAFF VI, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

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

1. The name of the corporation: TEAMSTAFF VI, INC.

2. The principal office address:

300 Atrium Drive, Somerset, NJ 08873

3. The mailing address (if different):

4. Date of incorporation/qualification:	4. Date of incorporation/qua	alification: 12/29/1989	Document number: L39176	
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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

> Corporation Service Company 1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

gnature of an officer or director)

Maureen Cullen, Attorney in Fact (Printed or typed name and title) 9

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company By (Signature of Registered Agent)

09/25/2006

(Date)

If signing on behalf of an entity:

Sylvia J. Queppet, Assistant VP (Typed or Printed Name)

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

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