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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES

Account Number : 075350000353

Phone

: (212)431-5000

Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ADECCO NORTH AMERICA, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

A. LUNT

APR 27 2009

EXAMINER

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FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Departs State: ADECCO NORTH AMERICA, LLC	nent of		
2.	Jurisdiction of its organization: Delaware	SECT	2009 A	
3.	Date authorized to do business in Florida: 12/14/2000	AHASSE AHASSE	2009 APR 24	
	SECTION II (4-7 complete only the applicable changes)	H _C	7	
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization?	LORIDA	AM 10: 53	
5.	New name of the limited liability company: AJILON NORTH AMERICA, LLC (must end with "Limited Liability Company, " "L.L.C.,"	or "LLC	<u>''</u>	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.") 6. If the amendment changes the period of duration, indicate new period of duration:				
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	,		
8.	If the amendment corrects any false statement, indicate the statement being correct correction:	ed and	i the	
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforement amendment(s), duly authenticated by the official having custody of records in tunder the law of which this entity is organized. Signature of a member or the authorized representative of a member	ntioned he jur	i isdiction	
	ADO STAFFING, INC., MEMBER, DIANA R. KARABELAS, ASST. SECY.			
	Typed or printed name of signee			

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ADECCO NORTH AMERICA, LLC", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "AJILON NORTH AMERICA, LLC", THE THIRTIETH DAY OF MARCH, A.D. 2009, AT 4:57 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTY-FIRST DAY OF MARCH, A.D. 2009, AT 11:59 O'CLOCK P.M.

PILED

2009 APR 24 AM 10: 53

SECREJARY OF STATE
TALLAHASSEE, FI ORBITA.

3312312 8320 090328394



AUTHENTI Perfect Wabilock Secretary of State

DATE: 04-02-09