

M020 000000184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

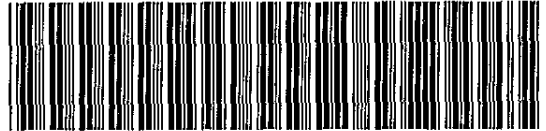
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
02 OCT 25 AM 11:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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10/25/02--01068--024 **25.00

02 OCT 25 PM 2:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AND
FILED

JB
10-25-02

CT CORPORATION

CORPORATION(S) NAME

1. Staffing Group East, LLC
2. Staffing Group East VOP, LLC
3. Staffing Group East NVOP, LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input checked="" type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____ 10/25/02
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

Order#: 5627657

Ref#: _____

Amount: \$ _____

OCT 25 PM 2:00
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

AND
 FILED

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

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.

- ET 015- 9/27/99 C T System Online



TANDEM STAFFING SOLUTIONS, INC.

POWER OF ATTORNEY


NOTICE IS HEREBY GIVEN THAT Tandem Staffing Solutions, Inc. ("Corporation"), a corporation incorporated under the laws of Delaware does hereby appoint CT Corporation as attorney-in-fact for the Corporation to act for the Corporation and subsidiaries of the Corporation attached hereto as Exhibit A (The "Subsidiaries") in the Corporation's and Subsidiaries' names for the limited purposes authorized herein.

The Corporation and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and Subsidiaries' registered agent and registered office, or the agent and office of similar import, in any state.


This Power of Attorney expires when revoked by the Corporation or Subsidiaries.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 3rd day of October, 2002.

02 OCT 25 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED


Ray Wechsler, CEO

Sworn to and subscribed before me
this 3rd day of October, 2002


Notary Public, State of
Commission Expires:

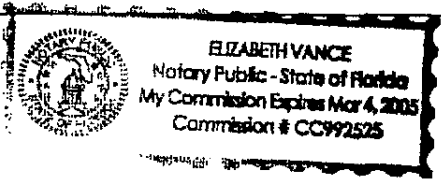


EXHIBIT A

Tandem Staffing Solutions, Inc & Subsidiaries

1. Tandem Staffing Solutions, Inc
2. Staffing Group East, LLC
3. Staffing Group East VOP, LLC
4. Staffing Group East NVOP, LLC
5. Staffing Group Franchising, Inc.
6. Staffing Group West, Inc.
7. Staffing Group West VOP, Inc.
8. Staffing Group West NVOP, Inc.

FILED
OCT 25 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA