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ACCOUNT NO. : 07210000032

REFERENCE: 47

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7412143

AUTHORIZATION

COST LIMIT

25 00

ORDER DATE: March 3, 2004

ORDER TIME : 2:13 PM

ORDER NO. : 472309-080

CUSTOMER NO: 7412143

CUSTOMER: Ms. Judy Nichols

Snelling And Snelling, Inc.

Suite 700

12801 North Central Expressway

Dallas, TX 75243

CHANGE OF AGENT

NAME:

WORKFORCE INNOVATION XX,

L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

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

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.

bility company is: WC	RKFORCE INNOVATION X	X, L.L.C
limited liability comp	any is :	
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essway, Suite 700,	Dallas, TX /5243	<u> </u>
	M0200000743	
n Florida	4. Document nu	ımber
agent and the registere	d office address as showr	_
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1200 South Pi	ne Island Road	TART TART TART
Ado	iress	•
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City, Sta	te and Zip	E FLOR
e new registered agent	and/or office:	08 RIDA
Corporation Se	ervice Company	<u>_</u> .
orida street address (P	O. Box NOT acceptable.	
Tallahassee F	L 32301	_
City, State	and Zip	
e or changes are made registered agent will be confirmed that the cha bility company or as o	, the Florida street addres e identical. Or, in the cas ange(s) was/were authoriz therwise provided in the	s of the registered office e of a Florida limited ed by an affirmative vote of
y in Fact	<u> </u>	e was to the second
ent as registered agent all statutes relative to cept the obligations of locument is being file	t and agree to act in this c the proper and complete my position as registered I to merely reflect a chan	capacity. I further agree to performance of my duties, agent as provided for in
	limited liability composessway, Suite 700, and Florida In Florida In Gent and the registered: CT Corpora No. 1200 South Pi Add. Plantation City, State Corporation Service agent Corporation Service address (Portion of the corporation of the corporatio	agent and the registered office address as shown: CT Corporation System Name 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip e new registered agent and/or office: Corporation Service Company Name 1201 Hays Street Orida street address (P.O. Box NOT acceptable) Tallahassee FL 32301 City, State and Zip v is not organized under the laws of the State of e or changes are made, the Florida street address egistered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized ilimited liability company. Deferentative of a member)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)