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ACCOUNT NO. : 072100000032

REFERENCE : 360891 7412143

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 15, 2003

ORDER TIME : 1:40 PM

ORDER NO. : 360891-915

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 XVI,

L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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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.

1. The name of the limite	d liability company is:	WORKFORC	E INNOVATION XV	I, L.L.C.	
2. The mailing address of	the limited liability co	mpany is:	····		·
12801 N. Central E	Expressway, Suite 7	00, Dalla:	s, TX 75243		·
March 22, 2002			M02000000746		
3. Date of filing/registrati	on in Florida		4. Document nun	nber	
5. The name of the registe Florida Department of S	red agent and the regis	tered office	address as shown o	on the records o	of the
	CT Corpo	oration Sy	stem		
· •		Name			٠.
	1200 South	Pine Isla	nd Road	S 2	
Address					
Plantation, FL 33324 City, State and Zip				三五	TI
	City,	State and Zi	p	SS .	F
6. The name and address of	of the new registered ag	gent and/or o	office:	NAR -4 AN CRETARY OF S LANASSEE, FI	FILED
	Corporation	Service	Company	LOR IN	
	1	Name		超 計 一	
	1201 H	lays Street	<u> </u>		•
	Florida street address	(P.O. Box	NOT acceptable)		
	Tallahassee	FL	32301		
	City, S	tate and Zip			
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement o	tange or changes are mathe registered agent will be confirmed that the diability company or a f the limited liability confirmed that the limited liability confirmed the liabi	ade, the Flor Il be identica change(s) was otherwise ompany.	rida street address of al. Or, in the case of as/were authorized	of the registered of a Florida lim I by an affirma	d office nited tive vote of
(Signature of a member or authori	zed representative of a member	r)			
Laura R. Dunlap, Atto (Printed or typed name of signee)	orney in Fact				
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as s of all statutes relative l accept the obligations his document is being f that the limited liabilit	gent and agr to the prop s of my posit iled to mere y company l	ee to act in this cap er and complete pe ion as registered a ly reflect a change as been notified in	pacity. I furthe erformance of r gent as provid in the register writing of this	r agree to ny duties, ed office change.
Cyntha A. Harr (Signature of Registered Agent)	~ 40 4 4 4 4	rris			

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

as its agent

FILING FEE: \$25.00