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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2013 JUL 23 PM 4:27  
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2013 JUL 23 PM 2:56  
SOUTHERN YULETOWN  
TALLAHASSEE, FLORIDA

JUL 24 2013  
D. BUTLER

**FLORIDA FILING & SEARCH SERVICES, INC.**

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**DATE:** 7/23/13

**NAME:** ADEX MEDICAL STAFFING, LLC

**TYPE OF FILING:** CHANGE OF AGENT

**COST:** 25.00

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

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**JUL 24 2013  
J. BUTLER**

**FILED  
13 JUL 23 PM 2:56  
TALLAHASSEE, FLORIDA**

**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. Name of the limited liability company: ADEX MEDICAL STAFFING, LLC
2. (a) Principal office address of limited liability company: 1035 Windward Ridge Parkway, Ste 500

(Note: MUST BE STREET ADDRESS)

Alpharetta, GA 30005

- (b) Mailing address of limited liability company: 1035 Windward Ridge Parkway, Ste 500

(Note: MAY BE POST OFFICE BOX)

Alpharetta, GA 30005

November 2, 2009

M09000004318

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Corporation Service Company

Registered Office Address:

1201 Hays Street

Tallahassee, Florida 32301-2525

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

National Corporate Research, Ltd., Inc.

NEW Registered Office Address:

155 Office Plaza Drive

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Gary McGuire

Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

Mark Thomas, Assistant Secretary

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

**FILING FEE: \$25.00**