29 EAST PINE STREET ORLANDO, FLORIDA 32801

AREA CODE (407) TEL. 425-4533

October 5, 2001

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: Conceptiob, Inc.

500004630175--5 -10/10/01--01061--002 *****35.00 *****35.00

Dear Sir/Madam:

Enclosed please find Change of Registered Agent form for the above referenced corporation, along with my check in the amount of \$35.00 representing the filing fee for same. Please provide me with a copy of the filed change for my records.

If you have any questions, please feel free to contact me.

Gregory M. Wilson

GMW/nsg

Enclosures

cc: Mark Stafne

DIVISION OF CORPORATIONS

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RA/ROChangs

FLORIDA DEPARTMENT OF STATE, JIM SMITH, SECRETARY OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502 and 607.0502, 607.1508, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: CONCEPTJOB, INC.
- 2. The name and address of the registered agent and office is:

Patrick Novick 17 South Orange Avenue Orlando, Florida 32301

3. The <u>name and street address</u> to which its registered agent is to be changed is:

MARK STAFNE

17 South Orange Avenue Orlando, Florida 32801

- 4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
- 5. Such change was authorized by resolution duly adopted by ts board of directors or by an officer of the corporation so authorized by the board of directors.

MARK STAFNE President

Date 10-05-01

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

MARK STAFNE

DATE: 10-05-01

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
REGISTERED AGENT FILING FEE: \$35.00