

## Florida Department of State

Division of Corporations
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Account Name : POHL + SHORT, P.A.

Account Number : 120000000182 Phone : (407)647-7645 Fax Number : (407)647-2314 OZ MAY - 2 PM 2: 47
SECRETARY OF STATE

FECESNES 12 MAY -2 PM 2: 34 11 SION OF CORPORATION

## REGISTERED AGENT CHANGE

DEDICATED STAFFING SERVICES, INC.

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| \$35.00 |
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POHL & SHORT, PA

R. 2002 S. 41PM

## Department of State 5/2/2002 11:06 PACE 1/1 RightFAX



May 2, 2002

DEDICATED STAFFING SERVICES, INC. 1510 EAST COLONTAL DRIVE SUITE 300A ORLANDO, FL 32803

SUBJECT: DEDICATED STAFFING SERVICES, INC.

REF: P01000055128

We received your electronically transmitted document. Bowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Corporate Specialist FAX Aud. #: H02000132024 Letter Number: 002A00027318

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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

|                                 | e provisions of sections 60<br>l corporation organized u  |   | 7.1508, or 617.1508, Florida Statut<br>to of Figure 3.  | es,          |  |
|---------------------------------|---|---|---|--------------|--|
| ~                               | owing statement in order  | •   | i office or registered agent, or both,  | in           |  |
| 1. The name of                  | the corporation : <u>Dedicat</u>  | ed Staffing Servi   | ces. Inc.   |              |  |
| <del></del>                     |   |   |   |              |  |
| 2. The mailing                  | address of the corporation  | 1510 East Colon   | ial Drive, Suite 300A   |              |  |
| <del></del>                     |   | Orlando, Florid   |   |              |  |
| 3. Date of inco                 | rporation/qualification: <u>06</u>  | 5/05/2001 I   | Document number; P01000055128   |              |  |
| 4. The name an                  | d address of the current re   | gistered agent and offic  | ei ALC  | 02 MAY -2    |  |
| •                               | SPIEGEL & UTRERA  | P.A.  | ARE T   | 2            |  |
| - TATE                          | 343 Almeria Aver  | ue  |   | r's          |  |
|                                 | Coral Gables, Fl  | orida 33134 ·   |   | PH           |  |
| 5. The name an                  |   | tered agent (if changed)<br>O. Box Not Acceptable   | and/or registered office (if changed)   | 101.<br>14.2 |  |
| •                               | POHL & SHORT. P.  | Α.  |   | נת           |  |
| •                               | 280 West Canton   | Avenue, Suite 410   | •   |              |  |
|                                 | Winter Park, Flo  | rida 32789  |   |              |  |
| The street addressent, as chang | ess of its registered office<br>ed, will be identical.  | and the street address  | of the business office of its registere   | ŀd           |  |
| Such change was authorized by t | as authorized by resolution be beard.   | n duly adopted by its b   | oard of directors or by an officer so   |              |  |
|                                 | (200-)5   |   | <u>4-30-02</u>  |              |  |
| (Signature                      | of an officer, chulmon or vice ob   | simum of the board)   | (Dure)  |              |  |
| Jean Venor                      | i, President<br>(Printed or typed name and  | 6tle)   | <del></del>   |              |  |
| Having been no                  | amed as registered agent of<br>hereby accept the appoint<br>to comply with the brows<br>My duties/and I am fami | and to accept service o<br>ment as registered age<br>ions of all statutes rela<br>ltar with and accept th | f process for the above stated mi and agree to act in this capacity. tive to the proper and complete e obligation of my position as |              |  |
|                                 |   | <u> </u>  | -2-02   |              |  |
| (S)<br>If signing on behal      | Signature of Registered Agent)  If of an entity:  |   | (Date)  |              |  |
| POHL & SHO                      | RT. P.A. By: Frank<br>Typed or Printed Name)  | <u>L. Pohl. Esquire</u>   | President<br>(Capacity)   |              |  |
| * * * FILING FEE: \$35.00 * * * |   |   |   |              |  |
| CR2E045(9/00)                   |   |   |   |              |  |
|                                 | ivision of Corporations   | P.O. Box 6327   | Tallahassee, FL 32314   |              |  |

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