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## REGISTERED AGENT CHANGE

RSM EMPLOYER SERVICES AGENCY OF FLORIDA, INC.

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

this statement of	change is submitted for a corp	72, 617.0502, 607.1508, or 617.1508, Florida Sta oration organized under the laws of the State of	
Florida of Florida.	in order to change IU re	gistered office or registered agent, or both, in the	; otati
	the corporation: RSM Employer	Services Agency of Florids, Inc.	
2. The principal	office address: 3600 Mansell Rd	, Szc. 500	
Alpharetta, GA	30022		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/02/200	Document number: P01000066919	
	d street address of the current re- rtment of State:	gistered agent and registered office on file with the	<b>.</b>
• _		he D. Halch	
_	84	0 SE 5th St.	
_	Oca	ala, FL 34471	
<ol><li>The name an changed):</li></ol>	_	gistered agent (if changed) and for registered off	îce (i
_			-
_	·	Corporation System  and mulibox NOT accordable)	
_	-	Road, Plantation, Florida 33324	
The street addre agent; as change	ss of its registered office and the will be identical.	ne street address of the business office of its regis	tered
_ 4	Num	adopted by its board of directors or by an officer been notified in writing of the change. Jeff Wrons, Treasurer	* 80
Signature of the officer.	Chairman of vice onthinnan of the board)	(Printed or typed name and nue)	-
hereby accept the further agree to the formance of the formance of the formance agent of the formance address, I	the appointment as registered to comply with the provisions of my duties, and I am familiar with Or, if this document is being hereby confirm that the corpor	ngent and agree to act in this capacity, fall statutes relative to the proper and complete ith and accept the obligation of my position as filed merely to reflect a change in the registered ation has been notified in writing of this change.	
зу:	- I have	Ine 29 2004	
and the fair of the signing on behalf	mature Registered Agent)	(Date)	
	John J. Linnihan	Asst. Vice President	
(T)	rped or Printed Name)	(Capacity)	-

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSES, FL 32314