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Office Use Only



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R.A. Change C.COULLIETTE

DEC 152008

EXAMINER

08 DEC 15 AMII: 58
SECRETARY OF STATE



CT 1203 Governors Square Blvd. Suite 101 Tallahassee, Ft. 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

December 15, 2008

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 7436216 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Modis Professional Services, Inc. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

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

statement of cha	rovisions of sections 607.0502, 617.0502, 607.1 age is submitted for a corporation organized und to change its registered office or registered age	ler the laws of the State of $\overline{ ext{FL}}$	ORIDA				
	ne corporation; MODIS PROFESSIONAL SERVI						
2. The principal	office address: ONE INDEPENDENT DR. STE 8	00, JACK SONVILLE FL 3220	2				
3. The mailing a	ldress (if different):						
4. Date of incorp	oration/qualification: 07/13/2001 De	ocument number: P010000	69135				
	street address of the current registered agent and ment of State: (If resigned, enter resigned)	registered office on file with	the				
	CORPORATION SERVICE COMPANY						
	1201 HAYS STREET						
	TALLAHASSEE, FL 32301		TĂĹ	SE	80		
6. The name and (if changed):	street address of the new registered agent (if cha	nged) and /or registered offic	AHASS	CRE TAR	DEC 15		
	C T Corporation Syste	m)EE.	Y 0		; [T]	
	c/o C T Corporation System, 1200 Sout	h Pine Island Road	FLC	S	AM III:	J	
(P.O. Box NOT acceptable)							
	Plantation, Florida 333	24	. >	1.1			
	ss of its registered office and the street address be identical.				igent,		
Such change wa authorized by th	s authorized by resolution duly adopted by its c board, or the corporation has been notified ir	board of directors or by an c writing of the change.	fficer :	so			
	Holly re of an officer or director)	(Printed or typed name and tit	10	Sc	X (etan	
I hereby accept I further agree t of my duties, an document is bein corporation has By:	the appointment as registered agent and agree to comply with the provisions of all statutes at land accept the obligation ag filed merely to reflect a change in the regist been notified in writing of this change. T Corporation System	to act in this canacity		erfori Or m the	nance if this at the	2 \$	
If signing on be	nalf of an entity:						
Mado Special As	nna Cuddihy sistant Secretary* * FILING FEE: \$35	.00 * * *					

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

CR2E045 (8/05)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Gregory D. Hollandf MPS Group ("the Corporation"), a Corporation formed under the laws of Florida and of the subsidiary entities shown on the list appended hereto does hereby appoint Melvin Maldonado and Madonna Cuddihy as attorney-in-fact for the Corporation and for the subsidiary entities to act for the Corporation and of the subsidiary entities for the limited purposes authorized herein.

The Corporation and the subsidiary entities, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary registered agent and registered office, or the agent and office of similar import, in any state.

In the execution of any documents necessary for the purposes set forth herein, Madonna Cuddihy shall exercise the power of Vice President (or Member/Manager for an LLC) and Melvin Maldonado or Madonna Cuddihy shall exercise the power of Secretary (or Member/Manager for an LLC).

This Power of Attorney expires when revoked by _ Corporation.		President, Officer & S	
	onici negar	officer a c	jeeretary
IN WITNESS WHEREOF the undersigned has exe	ecuted this Power o	f Attorney on this _	24th day of
November 2008.			
MPS GROUP			
By Authorized Person:			
Name: Gregory D. Holla Title: Senior Vice Pres and Secretary		E Legal Offi	cer
STATE OF FLORIDA)			
COUNTY OF DUVAL			
Subscribed and sworn to before me this at day of Nov	rem bes	, 2008	



Notary Public