## PO 3000027037

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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OF STATE OF STATE

P.A. Charge COULLIETTE JUN 1 5 2009

EXAMINER

OF JUN 15 AN//: 28
SECRETARY OF STATE
TALLAHASSEE FLOOR



ACCOUNT NO. : 12000000195					
REFERENCE : 034841 10041A					
AUTHORIZATION : Spulselena.					
COST LIMIT : \$ 35.00					
ORDER DATE: June 12, 2009					
ORDER TIME : 9:34 AM					
ORDER NO. : 034841-015					
CUSTOMER NO: 10041A					
CHANGE OF AGENT					
NAME: STAFFING CONCEPTS I, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY					
CONTACT PERSON: MATTHEW YOUNG - EXT 2962  EXAMINER:					

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of $\overline{Fl}$ er to change its registered office or registered agent, or both, in the State of Flo	LORII		_
1. The name of	the corporation: STAFFING CONCEPTS I, INC.			
2. The principal	office address: 4224 W. Henderson Boulevard,			
	FL 33629	•		
	address (if different): 4224 W. Henderson Boulevard, FL 33629			
4. Date of incorp	rporation/qualification: 03/07/2003 Document number: P03000	02703	7	
5. The name and	d street address of the current registered agent and registered office on file with urtment of State:			
	Jane Phillips			
	4224 W. Henderson Boulevard			
	Tampa, FL 33629			
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	A SE	09	
	Corporation Service Company	CRE		
	1201 Hays Street	ASS	15	4150000 COMPAN
	(P.O. Box NOT acceptable)		≥.	
	Tallahassee, FL 32301	1 S	=	
The street addreas changed will	ress of its registered office and the street address of the business office of its all be identical.		æger	nt,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an o he board, or the corporation has been notified in writing of the change.	fficer so	)	
(Signati	Take Phillips Sec ture of an officer or director) (Printed or typed rame and title	retar		. <b>.</b>
I hereby accept I further agree of of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp nd I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change.	lete perj agent. ( confirm	forman Or, if t that t	ice his he
By Y /c	ignature of Registered Agent)  (Date)			_
, ,	ehalf of an entity:			
Michelle R.	. Vannoy, Assistant VP			
(1	Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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