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EXAMINER



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	NAME.	STAFF]	ראכ כסאכ	FDTC	TV TNC		
•	NAME:	SIAFF	ING CONC	eria	o IV, INC	•	
PLEASE	RETURN	THE FOLLO	OWING AS	PRO	OF OF FI	LING:	
		TIED COPY STAMPED (COPY				
CONTACT	PERSON	I: Matthe	w Young		EXT# 2962	2	
					EXAMINER:	:	

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: STAFFING CONCEPTS IV, INC.
2. The principal office address: 4224 W. Henderson Boulevard,
Tampa, FL 33629-5611
3. The mailing address (if different): 4224 W. Henderson Boulevard, Tampa, FL 33629-5611
4. Date of incorporation/qualification: 03/07/2003 Document number: P03000027084
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Jane Phillips
4224 W. Henderson Boulevard
Tampa, FL 33629-5611
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director) Tane Ph. II, ps Secretary (Printed or typed name and title)
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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Corporation Service Company By (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Michelle R. Vannoy, Assistant VP (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 * * *