P03000027094

| . (Re | equestor's Name) | | |
|---|--------------------|-----------|--|
| . (Ad | ldress) | | |
| (Ac | ldress) | | |
| (Cit | ty/State/Zip/Phone | o #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| . (Bu | isiness Entity Nan | ne) | |
| (Do | ocument Number) | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



400156942644



R.A. Change C.COULLIETTE JUN E.S. 2009

EXAMINER

O9 JUN 15 MI II: 42
SECRETARY OF STATE



| ACCOUNT NO. : 12000000195 | | | |
|---|--|--|--|
| REFERENCE : 034841 10041A | | | |
| AUTHORIZATION Spulledena | | | |
| COST LIMIT : \$35.00 | | | |
| ORDER DATE : June 12, 2009 | | | |
| ORDER TIME : 9:49 AM | | | |
| ORDER NO. : 034841-024 | | | |
| CUSTOMER NO: 10041A | | | |
| CHANGE OF AGENT | | | |
| CHANGE OF AGENT | | | |
| NAME: STAFFING CONCEPTS V, 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

| 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. | |
|--|---|
| I. The name of the corporation: STAFFING CONCEPTS V, 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: P03000027094 | _ |
| 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 PS ₹ | |
| The street address of its registered office and the street address of the business office of its registered gent as changed will be identical. | |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. | |
| Signature of an officer or director) Towe Phillips Secretary (Printed or typed name and title) | |
| I hereby accept the appointment as registered agent and agree to act in this capacity. If 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) | |
| 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 * * *