P03000027537

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JUN 15 2009

EXAMINER



ACCOUNT NO. : I2000000195
REFERENCE : 034841 10041A
AUTHORIZATION Spelle Renav
COST LIMIT : \$35.00
ORDER DATE : June 12, 2009
ORDER TIME : 9:51 AM
ORDER NO. : 034841-026
CUSTOMER NO: 10041A
**
CHANGE OF AGENT
NAME: STAFFING CONCEPTS VII, 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.
1. The name of the corporation: STAFFING CONCEPTS VII, 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: P03000027537
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 officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director) Tave Ph. II. pr 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.
Signature of Registered Agent) Company (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

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

CR2E045 (8/05)