

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

; C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number

: (850)878-5368

2009 JAN -8 AM 8: 00

REGISTERED AGENT CHANGE

SOLIANT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	. 03
Estimated Charge	\$35.00

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1/8/2009

https://efile.sunbiz.org/scripts/efileovr.exe

**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 Status statement of change is submitted for a corporation organized under the laws of the State of Florid	a p
in order to change its registered office or registered agent, or both, in the State of Florid	
1. The name of the corporation: Soliunt, Inc.	·
2. The principal office address: One Independent Drive Jacksonville F1. 32202	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/26/2003 Document number: P03000156475	<u></u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Corporation Service Company	!
1201 Hays St.	2009 SEC
Tailahassee FL 32202	2009 JAN SECRETA
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):	-8 ARY (
CT Corporation System	AM II: 10 OF STATE OF LORID
c/o CT Corporation System, 1200 South Pine Island Road	IO RIDA
(P.O Box NOT secupiable)	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its reg as changed will be identical.	istered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so
Duly Mallondo Helvin Maldonado, Athrney in (Signature or an officer or director)	fet
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 of my duties, and I am familiar with and accept the obligation of my position as registered age document is being filed merely to reflect a change in the registered office address, I hereby co-corporation has been notified in writing of this change.	performance ent. Or, if this aftern that the
By: Carlan Chair 12-20-2008 (Signature of Registered Agent) (Date)	!
If signing on behalf of an entity: Barbara A Burker Special Assistant Secretary	

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

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

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Gregory 1). Hollandf MPS Group ("the Corporation"), a Comporation 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 for the subsidiary entities and in the name of 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.				of the Secretary
IN WITNESS WHEREOF the undersigned has exe November 2008.	ecuted this Pox	wer of Attom	ey on this _	<u> 24 r h</u> day of
MPS GROUP By Authorized Person:	and the second s			
Name: Gregory D. Holla Title: Senior Vice Pres and Secretary		hief Leg	al Offi	cer
STATE OF FLORIDA)				
COUNTY OF DUVAL Subscribed and swom to before me this May of Nov	em be	<u></u>	_ 2008	
Notary Public State of Florida Christina A Lutger		luc	2. L	