P03000156481

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



300138124893

12/15/08--01012--017 **35.00



Office Use Only

C.COULLIETTE DEC 152008

EXAMINER





CT 1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

December 15, 2008

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 7436210 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

First Shore, Inc. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

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

statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flo nge is submitted for a corporation organized under the laws of the Sta r to change its registered office or registered agent, or both, in the Stat	te of FLC	DRIDA	s •	ļ	
1. The name of the	he corporation: FIRST SHORE, INC.					
	office address: ONE INDEPENDENT DR, STE 800, JACKSONVILLE	FL 32202				
3. The mailing ac	ddress (if different):					
4. Date of incorp	poration/qualification: 12/24/2003 Document number: P0	3000150	6481			
	street address of the current registered agent and registered office on timent of State: (If resigned, enter resigned)	file with t	he			
	CORPORATION SERVICE COMPANY					
	1201 HAYS STREET		TAT S			
	TALLAHASSEE, FL 32301		ECR LLA	08 DEC	ea'≈೯, ೯೯ ೬)	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or register C T Corporation System	ed office	TARY OF	C 15 AH	5 1	•
	c/o C T Corporation System, 1200 South Pine Island Road		STA	2	0	
	(P.O Box NOT acceptable)	·····	AQI 31	₹-		
	Plantation, Florida 33324					
	ss of its registered office and the street address of the business offic be identical. s authorized by resolution duly adopted by its board of directors or e board, or the corporation has been notified in writing of the chang			d agen	t,	
Λ.	A	ge.				
7 120	re of an officer or director) Melvin Molde (Printed or typed na	me and title	*0 =	\mathcal{L}	reto	٦Ŋ
. The	the appointment as registered agent and agree to act in this capacit o comply with the provisions of all statutes relative to the proper ar d I am familiar with and accept the obligation of my position as reg ng filed merely to reflect a change in the registered office address, I been notified in writing of this change. C T Corporation System		ete perfo gent. O confirm	orman r, if th that th	ce vis vie	
	nature of Registered Agent) (Date)					
Mad Special A	onna Cuddiny Assistant Secretary FILING FEE: \$35.00 * * *					

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

was the same

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Gregory D. Hollandf MPS Group ("the Corporation"), a Corporation 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 Corporation.	f Attorne	y expires when revoked by			•	it, & Secretary	of the
IN WITNESS Novem		OF the undersigned has ex	ecuted this	s Power of	Attorney on t	his <u>24+h</u>	day of
MPS GROUP		4//	an ma				
By Authorized Person:	Name:	Gregory D. Holla		<u></u>			
	Title:	Senior Vice Pres and Secretary	sident,	Chief	Legal O	fficer	
STATE OF FLOA	21DF)) ss					
COUNTY OF DU	VAL	,					
Subscribed and sworn t	o before	me this 24 day of No.	vem	oer	, 200	18	



Clua.