Division of Corporations Electronic Filing Cover Sheet

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**Enter the email address for this business entity to be used for furnite annual report mailings. Enter only one email add ress please.

dmfangman@meridiantechnologies.net

REGISTERED AGENT CHANGE MERIDIAN STAFFING SERVICES, INC.

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Electronic Filing Menu

Corporate Filing Menu

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1/25/2011 10-1-15

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Plonial Statutes, this name is submitted for a corporation organized under the laws of the State of Florida. The state of Florida is registered office or registered agent, or both, in the State of Florida.
	f the corporation: Meridian Staffing Services, Inc.
2. The principa	d office address: 5210 Belfort Road Suite 400, Jacksonville, Florida 32256
3. The mailing	address (if different):
4. Date of inco	proration/qualification: 5/12/2004 Document number: P04000076930
5. The name at Florida Dep	ond street address of the current registered agent and registered office on file with the programment of State: (If resigned, enter resigned) F&L CORP. ONE INDEPENDENT DR., SUITE 1300
	F&L CORP.
	ONE INDEPENDENT DR., SUITE 1300
	JACKSONVILLE FL 32202 US
6. The name a (if changed)	nd street address of the new registered agent (if changed) and /or registered office
	C T Corporation System
	1200 South Pine Island Road, Plantation, Florida 33324 P.O. Box NOT acceptable
The street add as changed wi	tress of its registered office and the street address of the business office of its registered agent, ill be identical.
Such change value of the such prize of by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
T TONES	Monteen A. Pillay, Vice President Printed of typed name and title
I hereby accept further agree of my duties, a document is be corporation h	of the appointment as registered agent and agree to act in this capacity, e to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.
MALL	23rd day of December, 2010
S	ignature of Registered Agent Date
If signing on l	behalf of an entity:
Mark William	•
	Typed or Printed Name
	* * * FIT INC PPP. \$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)

Fax audut + H 11000 20076 3