P110706

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ACCOUNT NO. : 12000000195

REFERENCE: 130361 7667927

AUTHORIZATION :

COST LIMIT

ORDER DATE: March 14, 2012

ORDER TIME : 1:0 PM

ORDER NO. : 130361-028

CUSTOMER NO: 7667927

CHANGE OF AGENT

NAME: SFN GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organi in order to change its registered office or register.	zed under the laws of the State of Delaware
1. The name of the corporation: SFN GROUP, INC.	
2. The principal office address: 2050 Spectrum Blvd Ft	t Lauderdale FL 33309
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/05/1987	Document number: P16706
5. The name and street address of the current registered ag Florida Department of State:	
Corporate Creations Network Inc.	
11380 Prosperity Farms Road #221	E
Palm Beach Gardens FL 33410	12 MAR
6. The name and street address of the new registered agent (if changed):	t (if changed) and /or registered office
Corporation Service Company	2: 5
1201 Hays Street (P.O. Box NOT acceptable)	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	tified in writing of the change.
rungualy	Sean Bradley, Secretary
(Signature of an officer or director) I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblid document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	(Printed or typed name and title) d agree to act in this capacity. ttes relative to the proper and complete performance gation of my position as registered agent. Or, if this c registered office address, I hereby confirm that the
Corporation Service Company By:	3/3/2012
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Sylvia Queppet, Asst. Vice President (Typed or Printed Name)	
* * * FILING FE	E: \$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)