

ACCOUNT NO. : 07210000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: November 13, 1997

ORDER TIME : 2:49 PM

ORDER NO. : 600355-010

CUSTOMER NO: 4353096

CUSTOMER: Richard Ives, Controller

Cchp, Inc.

1515 South Federal Highway

Suite 210

Boca Raton, FL 33432

CHANGE OF AGENT

NAME:

MRA STAFFING SYSTEMS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Karen B. Rozar

Florida Department of State, Jim Smith, Secretary of State

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

<u>AGENT O</u>	R BOTH FOR C	ORPORA HUNS			
	ed corporation orga ollowing statement	617.0502, 607.1508, or inized under the laws of t in order to change its reg	he Sta	te of	
or registered agent, or both, in	the State Florida.		500	9	
1a. The name of the corporation			SEORE VLLIVI	7 101	- 1
MF	RA STAFFING SYSTEMS	, INC.	<u> </u>	8	C.
1b. Date of incorporation:	3/1/91	Document number_	SEE F	7	1
2. The name and address of C T CORPORATION SYSTEM	the current register	ed agent and office:	STATE	12: 57	
1200 SO. PINE ISLAND DRIVE	PLANTATION	FL		3332	24
3. The name and address of to (P.O. Box Not A		agent and office:			_
CORPORATION SERVICE COMPAN	Y				
1201 Hays Street, Tallahassee, Florid	a 32301				
The street address of its regis of its registered agent as char Such change was authorized	nged will be identica	al.			
an officer so authorized by the					
Philand for SIGNATURE	Ri	cLaud Ives, Assista Typed or printed name an	A Sea	cret.	ary
DATE	<u> </u>				
HAVING BEEN NAMED AS R PROCESS FOR THE ABOVE S IN THIS CERTIFICATE, I HER AGENT AND AGREE TO ACT WITH THE PROVISIONS OF PLETE PERFORMANCE OF M THE OBLIGATION OF MY PO	STATED CORPORA EBY ACCEPT THE F IN THIS CAPACIT ALL STATUTES RE MY DUTIES, AND I DISITION AS REGIS	ATION AT THE PLACE DE APPOINTMENT AS REGI TY. I FURTHER AGREE T ELATIVE TO THE PROPER AM FAMILIAR WITH ANI	STERE O COM A AND D ACC	MPLY COM EPT	-