P9300057055

| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) | | | | | |
|---|--|--|--|--|--|
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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| ACCOUNT NO. : 072100000032 | | | | | |
|---|---|--|--|--|--|
| REFERENCE : 750312 128214A | | | | | |
| AUTHORIZATION : | | | | | |
| COST LIMIT : \$35.00 | | | | | |
| ORDER DATE: December 12, 2005 | _ | | | | |
| ORDER TIME : 10:46 AM | | | | | |
| ORDER NO. : 750312-455 | | | | | |
| CUSTOMER NO: 128214A | | | | | |
| | | | | | |
| CHANGE OF AGENT | | | | | |
| | | | | | |
| NAME: SELECTIVE HR SOLUTIONS VI, INC. | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | |
| | | | | | |
| CONTACT PERSON: Amanda Haddan EXT# 2955 | | | | | |
| EXAMINER: | | | | | |

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

| statement of cha | provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi r to change its registered office or registe | zed under the laws of the State of _ | Florida | | |
|--|---|---|---|--|--|
| 1. The name of t | he corporation: SELECTIVE HR SOLUTI | IONS VI, INC. | | | |
| 2. The principal 6920 Professi | office address: ional Parkway E, Sarasota, FL 34240 | . 21.7 | | | |
| _ | ddress (if different): Avenue, Att: Corporate Legal, Branchville, I | NJ 07890 | | | |
| 4. Date of incorp | poration/qualification: 08/11/1993 | Document number: P030000 | 57055 | | |
| | I street address of the current registered ag tment of State: | gent and registered office on file wit | h the | | |
| | C T Corporation System | | _ | | |
| | 1200 South Pine Island Road | | - | | |
| | Plantation, FL 33324 | | SECRE T | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed): | | | | | |
| | Corporation Service Company | | FLOGA S | | |
| | 1201 Hays Street | | 15 S | | |
| (P.O. Box NOT acceptable) | | | | | |
| | Tallahassee, FL 32301 | | - | | |
| The street addre as changed will | ess of its registered office and the street a be identical. | address of the business office of its | s registered agent, | | |
| Such change wa authorized by the | as authorized by resolution duly adopted the board, or the corporation has been not | by its board of directors or by an ified in writing of the change. | officer so | | |
| (Signatu | All (ull re of an officer or direction) | Maureen Cullen, Attorney in Fact (Printed or typed name and to | itle) | | |
| i juither agree i of my duties, an document is bei corporation has | the appointment as registered agent and comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company | l agree to act in this capacity. tes relative to the proper and com gation of my position as registered registered office address, I hereb | aplete performance I agent. Or, if this by confirm that the | | |
| By: CM | u (luma | December 7, 2005 | | | |
| S ig | nature of Registered Agent) | (Date) | | | |
| If signing on bel | half of an entity: | | | | |
| Sylvia Queppet, | Asst. Vice President | | | | |
| (T | yped or Printed Name) | | | | |

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