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City	State	Zip	Phone	******35.00 380		97101 **********************************
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EM	Ployee:	Services of	Florida, =	<u>ಟ್ಟು</u>		
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Name Availabili	ity			PLE	ASE RETURN EXTRA C	OPY(S)
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Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,

Florida submits the following	poration organized under the laws of the State of statement in order to change its registered office
or registered agent, or both, in the S	iale of Florida.
4 The remark of the corneration is:	Employee Services of Florida, Inc.
1a. The name of the corporation is:-	
1b. Date of incorporation 9/2/	94 Document number 254 4050 064845
1b. Date of incorporation	
a. The same and address of the C	urrent registered agent and office:
Robert F. Greene, 1301 6th	Avenue West
Bradenton, FL 34209	TV. N
3. The name and address of the new	v registered agent and office:
/P O Roy Not Acceptat	ll e)
	ORPORATION SYSTEM
C/O C T CORPORATION SYSTEM, 12	00 South Pine Island Rd., Plantation, Florida 3332
SIGNATURE 4/15/97 DATE	Brad P. Behr, Vice President Typed or printed name and title
PROCESS FOR THE ABOVE STATIN THIS CERTIFICATE, I HEREBY AGENT AND AGREE TO ACT IN TWITH THE PROVISIONS OF ALL SPLETE PERFORMANCE OF MY DITHE OBLIGATION OF MY POSITION	SIGNATURE BY: / CORPORATION SYSTEM (Registered Agent) DATE /-/-97 MARY ALICE ROGERS Special Assistant Secretary
Division of Corporation	s, P.O. Box 6327, Taliahassee, FL 32314

FILING FEE: \$35.00

CR2E045 (7-91) (FLA. - 2194 - 3/4/92)