P95000088993

(Red	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u>, </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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OCCUPANTION OF SIGHE
OLVISION OLVISI



ADR 4/30/12



ACCOUNT NO. : I2000000195

REFERENCE : 184765

7667927

COST LIMIT : \$ 35.00

ORDER DATE : April 27, 2012

ORDER TIME : 11:08 AM

ORDER NO. : 184765-011

CUSTOMER NO: 7667927

CHANGE OF AGENT

NAME: SPHERION U.S. INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 6 ange is submitted for a corporation er to change its registered office or	organized under	the laws of the Sta	ate of Florida	
1. The name of	the corporation: SPHERION U.S	S. INC.			
2. The principal	office address: 2050 Spectrum I	Blvd, Fort Lauc	lerdale FL 33309)	
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 11/17/199	5 Doc	ument number: P9	5000088993	
5. The name and	d street address of the current regist rtment of State:				
	Corporate Creations Network	, Inc.			- k -
	11380 Prosperity Farms Road	1#221E		<i>€</i> ** =	E
	Palm Beach Gardens FL 334	10			7
6. The name and (if changed):	d street address of the new registere	ed agent (if chang	ged) and /or register	red office	FILEU 30 PH 3 96
	Corporation Service Compan	у			Ciga vi Section
	1201 Hays Street				意而 6
	(P.O. Box NOT ac	ceptable)			
	Tallahassee, FL 32301	·-			
The street address changed will	ess of its registered office and the be identical.	street address of	f the business offic	ce of its registe	ered agent,
Such change was	as authorized by resolution duly a the board, or the corporation has b	dopted by its bo een notified in w	ard of directors or vriting of the chan	by an officer ge.	so
Tian	Sundles	Sean B	radley, Secretary		
	the appointment as registered as	ont and agree to	(Printed or typed na	•	
corporation nas	the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept to ing filed merely to reflect a chang is been notified in writing of this co on Service Company	ent and agree to ill statutes relati he obligation of e in the registers hange.	we to the proper a my position as reg ed office address,	nd complete po gistered agent, I hereby confi	erformance . Or, if this rm that the
<u> </u>	gnature of Registered Agent)		4-27 (Date)	-12	
	•		(Date)		
If signing on be	chalf of an entity:				
	et, Asst. Vice President				
C	Typed or Printed Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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