

P96000016106

June 22, 2001

FLORIDA SECRETARY OF STATE Division of Corporations P O Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: COMMUNICATION MANPOWER, INC.

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 3149 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

enclosures

RA Clorge 7-9-17 01 JUL -2 AM 10: 03
TALLAHASSEE FLORIDA

*****35.00 *****35.00

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

	ne provisions of sections 60; and corporation organized und			Florida Statutes,
submits the fol the State of Flo	llowing statement in order to orida.	change its registered	l office or registered	
1. The name of	f the corporation is: COM	IMUNICATION M.	ANPOWER, INC	}.
_	address of the corporation is	E. P.D. Box	1037	
<u>X</u>		Chipley	Lr 29478	<u> </u>
3. Date of inco	orporation/qualification: 2/	19/96	ocument number: P	96000016106
4. The name ar	nd address of the current regi	stered agent and office	e:	
	Jenee Floyd, 1555 South	h Blvd., Chipley, FL	32428	OI JUL -
5. The name ar	nd address of the new registe	red agent and office: (P. O. Box Not Accer	otable)
	Capitol Corporate Service Tallahassee, FL 32303		-	AM IO: 03
			·	DA B
The street addi	ress of its registered office a	and the street address	of the business office	e of its registered
Such change wanthorized by	vas authorized by resolution the board.	duly adopted by its b	oard of directors or b	y an officer so
(Signature	of an officer, chairman or vice chair	_		101
Joyce K	Soliman (Printed or typed name and tit	,	<u> </u>	
Having been n corporation, I I further agree performance o registered age	amed as registered agent an hereby accept the appointm to comply with the provision of my duties, and I am famili nt.	nd to accept service of sent as registered age ons of all statutes rela ar with and accept the	f process for the abo nt and agree to act in tive to the proper an e obligation of my po	ve stated 1 this capacity. d complete sition as
Dua	nie Case		6-22-0	OI.
(Signature of Registered Agent)		(Date)	· ·
If signing on beha			5 (6	
Delanie	(Typed or Printed Name)		Asst. Sec. (Capacity)	<u> </u>
	,	LING FEE: \$35.00 *		

CR2E045(7/97)_