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ACCOUNT NO. : 072100000032

REFERENCE : \_

7177039

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: February 14, 2003

ORDER TIME : 3:33 PM

ORDER NO. : 932539-015

CUSTOMER NO: 7177039

CUSTOMER: Ms. Roxanne Knowles

Strategic Outsourcing, Inc.

Suite 140

5260 Parkway Plaza Boulevard

Charlotte, NC 28217

## CHANGE OF AGENT

NAME: FLSUB - 37, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

EXAMINER:

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

Pursuant to t	he provisions of	sections 607.0502,	617.0502, 607.15	508, or 617.1508	, Florida St	atutes,
this statement	of change is subr	nitted for a corpord	ation organize <mark>d u</mark> n	der the laws of th	he State of	
Florida	in order	to change its regis	tered office or reg	zistered agent, o	r both, in the	State
of Florida.						
1. The name of	of the corporation	FLSUB - 37, INC.				
2. The princip	al office address:	5260 Parkway Pla:	za Blvd., Suite	140, Charlotte,	NC 28217	<del></del>
The mailing	r address (if diffe	rent): Post Office	Pov. 241449 Char	clarta NO 2022	4 14AP	2003
5. The mannig	g address (II diffe.	icht). 10sc office	BOX 241440, CHAI	TOLLE, NC 2022	2:	AP AP
4. Date of inco	orporation/qualifi	cation: June 11, 1	996Docu	ment number: P9	6000044719	
	and street address partment of State:	of the current regist	tered agent and rep	gistered office on	file with the	AH 10: 5
	Petra Machado		<u> </u>	-	- 8	. 0
	8140 West 8th	Court				
	Hialeah, FL 3	3014	·· <del>····</del>		<u></u>	
6. The name changed):		s of the new regist	tered agent (if cha	anged) and /or re	egistered off	ice (if
	Corporation Se	ervice Company			<del></del>	
	1201 Hays Str	eet	nailbox NOT acceptable)	····	<del></del>	
	Tallahassee, N		imilook (vo i acceptable)			
The street add		ered office and the sical.	street address of the	he business offic	e of its regis	tered
Such change vauthorized by	was authorized by the board, or the	y resolution duly ac corporation has be	dopted by its boarden notified in wri	d of directors or ting of the chang	by an office: ge.	so
Signature of an office	ephteisturo cer, chairman or vice cha	irman of the board)	R. Joseph	Patelunas or typed name and title)	Asst Se	_
I hereby accept I further agre performance of registered age office address	pt the appointmen e to comply with of my duties, and ent. Or, if this do s, I hereby confir	nt as registered age the provisions of a I am familiar with ocument is being fil n that the corporat	ent and agree to a ll statutes relative and accept the ol ed merely to refle ion has been notij	ct in this capacit to the proper an oligation of my p ct a change in th fied in	ty. nd complete osition as e registered this change.	
Grithi	Gignature of Registered	Agent)		(Date)		<b>-</b>
If signing on beh	nalf of an entity:	Cynthia L. Ha as its agen	rris t			
	(Typed or Printed Name		• <del></del>	(Capacity)		_
		* * * FILING I	FEE: \$35.00 * * *	+		