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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

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Account Name : C T CORPORATION SYSTEM
Account Number : PCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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REGISTERED AGENT CHANGE

GEVITY HR, INC.

Certificate of Status	0
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Page Count	02
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**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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.

_____ In order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GEVITY HR, INC.
2. The principal office address: 9000 TOWN CENTER PARKWAY
BRADENTON FL 34202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/28/1997 Document number: P97000018934
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPDIRECT AGENTS, INC.

515 E. PARK AVENUE

TALLAHASSEE FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Douglas P. Devlin, CFO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System


Signature of Registered Agent

9-2-09

Date

If signing on behalf of an entity:

Madonna Cuddihy
Special Assistant Secretary

Typed or Printed Name

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

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

CR28045 (2/05)

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