

ACCOUNT NO. : 072100000032

REFERENCE :

694934

4725625

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: February 4, 1998

ORDER TIME : 9:32 AM

ORDER NO. : 694934

CUSTOMER NO:

4725625

900002424639--0

CUSTOMER: Mr. Robert J. Calabro Accustaff Incorporated

177 Crossways Park Drive

Woodbury, NY 11797-2047

## CHANGE OF AGENT

NAME:

ACCUSTAFF LICENSING

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris



## Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

Pursuant to the provisions of sections 607.0502, 617.	
undersigned corporation organized under the laws of t	he State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in the	
State of Florida.	
1. The name of the corporation is: ACCUSTAFF LICENS	ING CORPORATION
2. The mailing address of the corporation is:	
3. Date of incorporation/qualification: MARCH 28, 19	97 <b>Document number</b> : p97000029845
4. The name and address of the current registered agen	t and office:
	TAL 98
C T CORPORATION SYSTEM	
1200 SOUTH PINE ISLAND ROAD	B-9
PLANTATION, FL 33324 U.S.A.	
5. The name and address of the new registered agent a	nd office: (P. O. Box Not Acceptable)
Corporation Service Company	od **
1201 Hays Street	<b>→</b>
Tallahassee, FL 32301	
The street address of its registered office and the stragent, as changed, will be identical.	eet address of the business office of its registered
Such change was authorized by resolution duly ado authorized by the board.	pted by its board of directors or by an officer so
	2/3/5
(Signature of an officer, chairman or vice chairman of the b	oard) (Date)
ROBERT CALABRO V.P.	TAXES 2/3/80
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accomporation, I hereby accept the appointment as refigurable agree to comply with the provisions of all performance of my duties, and I am familiar with a registered agent.	ept service of process for the above stated gistered agent and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as
Court Krob	2-6-98
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Carol K. Dolor	Authorized Representative
(Typed or Printed Name)	(Capacity)

CR2E045(3/96)