CAPITAL CONNECTION, INC.	
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (839) 224-8876 800-344-8062 • Fax (850) 222-1222	286566
Professional Employee Management II, Inc.	900034406794 -10/26/0001051018 ***1356.25 *****43.75
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Signature	Fictitious Owner Search Vehicle Search
Requested by: 10-26-00 1.00 Name Date Time	Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval

Courier

Walk-In

Will Pick Up

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

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, the undersigned corporation organized under the laws of the State of $\underline{{\tt Florida}}$ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1b. The mailing address of the corporation is: 4200 Wackenhut Dr., #100, Palm Beach Gardens, FI. 33410 1c. Date of incorporation: 10/07/97 Document number: P97 0000 85566 2. The name and address of the current registered agent and office: Timothy J. Howard 4200 Wackenhut Dr., #100 Palm Beach Gardens, FI 33410-4243 3. The name and address of the new registered agent and office:(P.O. Box Nor Acceptable) F.E. Finizia 4200 Wackenhut Dr., #100 Palm Beach Gardens, FI 33410-4243 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 office so authorized by the board. (Signature of an office; chairman or incorporation, thereby accept the appointmentary registered agent and agree to act in its capacity further agree to comply with the provisions of all statutes relative to the provision experience of my duties, and I am familiar with and accept the obligation of my position as registered agent. (Signature of Finated Report) (Capacity)	1a. The name of the corporation is: PROFESSIONAL EM	IPLOYEE MANAGEMENT IV, INC.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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FILING FEE: \$35.00