P97000090222

| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (Address) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| то: | Amendment Section Division of Corporations | | | | |
|---|--|--|--|--|--|
| SUBJE | Independent Contractor Services, Inc. (Name of Corporation) | | | | |
| DOCU | MENT NUMBER: P97000090222 | | | | |
| The end | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| | Thomas W. Tolbert (Name of Contact Person) | | | | |
| Independent Contractor Services, Inc. (Firm/Company) | | | | | |
| 4745 Sutton Park Court, Suite 504 (Address) | | | | | |
| Jacksonville, FL 32224 | | | | | |
| | (City/State and Zip Code) | | | | |
| For furt | her information concerning this matter, please call: | | | | |
| Thoma | (Name of Contact Person) at (904) 641-0121 (Area Code & Daytime Telephone Number) | | | | |
| Enclose | ed is a \$35.00 check made payable to the Department of State. | | | | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building | | | | |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

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

| statement of cha | provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz er to change its registered office or register | zed under the laws of the State of Florida | | | |
|--|--|---|--|--|--|
| | the corporation: Independent Contractor S | · | | | |
| | office address: 4745 Sutton Park Court, S | | | | |
| 2. The principal | Jacksonville, FL 32224 | | | | |
| 3. The mailing a | address (if different): (same) | | | | |
| 4. Date of incor | poration/qualification: 10-21-1997 | Document number: P97000090222 | 2 | | |
| | d street address of the current registered agortment of State: | ent and registered office on file with the | | | |
| | Thomas W. Tolbert | | | | |
| 11555 Central Pkwy, Suite 802 | | | | | |
| | Jacksonville, FL 32224 | <u> </u> | 08 | | |
| Jacksonville, FL 32224 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Thomas W. Tolbert | | | | | |
| | Thomas W. Tolbert | | 一一 | | |
| 4745 Sutton Park Court, Suite 504 | | | | | |
| (P.O. Box NOT acceptable) | | | | | |
| | Jacksonville, FL 32224 | | ·- | | |
| as changed will | | - | | | |
| Such change w authorized by t | as authorized by resolution duly adopted he board, or the corporation has been noti | by its board of directors or by an office ified in writing of the change. | r so | | |
| (Signature of an officer or director) Thomas W. Tolbert President (Printed or typed name and title) | | | | | |
| I hereby accept I further agree of my duties, ar document is bet corporation ha | t the appointment as registered agent and to comply with the provisions of all statu nd I am familiar with and accept the oblig ing filed merely to reflect a change in the s been notified in writing of this change. | l agree to act in this capacity. tes relative to the proper and complete p gation of my position as registered agen registered office address, I hereby conf | performance t. Or, if this firm that the | | |
| Henry | gnature of Registered Agent) | 04-22-2008 (Date) | | | |
| If signing on be | chalf of an entity: | | | | |
| Thomas W. T | ~~~~~ | | | | |
| (* | Typed or Printed Name) * * * FILING FEI | r. e2e nn * * * | | | |
| | " " " FILING FER | い ゆうつ・0.0 | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)