

P97000092071

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

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-06/30/99--01061--016
****210.00 *****35.00

CORPORATION(S) NAME

AlphaStaff Systems, Inc.

Change

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUN 30 PM 3:20

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Name _____
Availability 6/30/99 06/30/99
Document _____
Examiner ABR
Updater ABR
Verifier _____
Acknowledgement _____
W.P. Verifier _____

JUN-22-1999 13:02

CT CORP.SYSTEM

P.01/01

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 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: _____

AlphaStaff Systems, Inc.

2. The mailing address of the corporation is: _____

1801 Clint Moore Road, Suite 115, Boca Raton, FL 33487

3. Date of incorporation/qualification: October 27, 1997 Document number: P97000092071

4. The name and address of the current registered agent and office: _____

Benjamin A. Jablow

1680 Fruitville Road, Suite 102

Sarasota, FL 34236

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) _____

CT CORPORATION SYSTEM

1200 S. Pine Island Road

Plantation, FL 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.

Thomas W. Lucy
(Signature of an officer, chairman or vice chairman of the board)

6/23/99
(Date)

Thomas W. Lucy - VP - Risk Management
(Printed or Typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Barbara A Burke
(Signature of Registered Agent)

6/29/99
(Date)

If signing on behalf of an entity:

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

(Typed or Printed Name)

(Capacity)

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

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TALLAHASSEE, FLORIDA