## P9800022558

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton CORPORATION(S) NAME ProPersonnel of Florida, Inc. () Amendment () Merger ) Profit ) Nonprofit () Dissolution/Withdrawal () Mark () Reinstatement () Other Eimited Partnership () Annual Report () Name Registration (x) Change of RA () Fictitious Name () UCC () Certified Copy () Photocopies () CUS () After 4:30 () Call When Ready () Call If Problem (x) Walk In () Will Wait (x) Pick Up () Mail Out Name 04/12/99 **300002836683--**-04/12/99--01098--022 Availability Document \*\*\*\*\*35.00 \*\*\*\*\*35.00 Examiner Updater Verifier Acknowledgement W.P. Verifier

R.A. Charge



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 12, 1999

CT CORPORATION SYSTEM JEFF NETHERTON TALLAHASSEE, FL

SUBJECT: PROPERSONNEL OF FLORIDA, INC.

Ref. Number: P98000022558

We have received your document for PROPERSONNEL OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

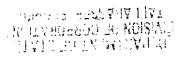
The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown
Corporate Specialist

Letter Number: 899A00018409



99 APR 19 PM 2: 24

RECEIVED

## Florida Department of State, Jim Smith, Secretary of State

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

	on organized under the laws of the State of ement in order to change its registered office
1a. The name of the corporation is: ProPe	rsonnel of Florida, Inc. —
1b. Date of incorporation March 10, 1998	Document number ₽98000022558
2. The name and address of the current re	egistered agent and office:
215 S. Monroe St., Suite 600, Tallaha  3. The name and address of the new region (P.O. Box Not Acceptable)  C T CORE	55 R 19
	and the street address of the business office dentical.
Such change was authorized by resolution an officer so authorized by the board.  SIGNATURE DATE	duly adopted by its board of directors or by  Cob Coo Truing D. Boyes  (Type or printed name and title)
IN THIS CERTIFICATE, I HEREBY ACCEPAGENT AND AGREE TO ACT IN THIS CA	PRPORATION AT THE PLACE DESIGNATED PT THE APPOINTMENT AS REGISTERED PACITY. I FURTHER AGREE TO COMPLY TES RELATIVE TO THE PROPER AND COMPAND I AM FAMILIAR WITH AND ACCEPT
SIGNATU	RE BY: CORPORATION SYSTEM

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

Filing Fee: \$35.00

(Registered Agent)