

P98000082845

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000231413 3)))



H090002314133ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.
Account Number : I20000000003
Phone : (407) 841-4141
Fax Number : (407) 841-4148

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 30 PM 3:13

FILED

REGISTERED AGENT CHANGE

STAFF OUTSOURCE SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED
2009 OCT 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

(((H09000231413 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Staff Outsource Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: P98000082845

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary M. Berkson, Esq.
Name of Contact Person

Moran Kidd Lyons Johnson & Berkson, PA
Firm/Company

111 N. Orange Ave., Suite 1200
Address

Orlando, FL 32801
City/State and Zip Code

gberkson@morankidd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary M. Berkson at (407) 841-4141
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H09000231413 3)))

(((H09000231413 3)))

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Staff Outsource Solutions, Inc.
2. The principal office address: 353 Interstate Blvd., Sarasota, Florida
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/24/98 Document number: P98000082845

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Randolph J Wolfe, Esq., Foley Lardner

100 N. Tampa St., Suite 2700

Tampa, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gary M. Berkson, Esq.

111 N. Orange Ave., Suite 1200

P.O. Box NOT acceptable

Orlando, FL 32801

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 30 PM 3:13

FILED

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, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Wesley D. Scovanner CFO
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

10/29/09
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

(((H09000231413 3)))