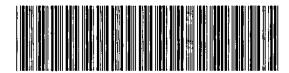
## 099000030608

(Requestor's Name)
(Address)
(Address)
•
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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R.A. Change COULLIETTE

JUW 15 2009

**EXAMINER** 

O9 JUN 15 AM //: 1.9
SECRETARY OF STATE



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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statinge is submitted for a corporation organized under the laws of the State of $\overline{\mathrm{FL}}$ is to change its registered office or registered agent, or both, in the State of Flori	ORID/	<u>4</u>	
1. The name of t	he corporation: HUMAN CAPITAL SOLUTIONS, INC.			
2. The principal	office address: 4224 West Henderson Boulevard, Attn: Legal I	Dept.,		
	FL 33629-5611			
	ddress (if different): 4224 West Henderson Boulevard, Attn: Leg	al Dep	ot.,	
4. Date of incorp	poration/qualification: 04/02/1999 Document number: P990000	30608		
	street address of the current registered agent and registered office on file with them to f State:	ne		
	Jane Phillips			
	4224 W. Henderson Boulevard	TAE SE	93	
	Tampa, FL 33629	CRET	SE SE	-17
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	ARY OF	-5 A	m
	Corporation Service Company	S LV	=	
	1201 Hays Street		•	
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301			
The street addre as changed will	ess of its registered office and the street address of the business office of its rebe identical.	gistered	agent,	,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	icer so		
(Signatu	Phillips Secr Take Phillips Secr (Printed or typed dame and title)	etary		
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comple d I am familiar with and accept the obligation of my position as registered as filed merely to reflect a change in the registered office address, I hereby to been notified in writing of this change.	ete perfo gent. Or confirm t	rmanc r, if thi hat the	e s ?
BXY/W	cion Service Company  Chatter of Registered Agent)  (Date)	<u></u>		
If signing on bel	half of an entity:			
	Vannoy, Assistant VP  Typed or Printed Name)			

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

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