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(((H110001100593)))



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Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300

Phone : (608)827-5300 Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: garyl@stafflink.net

PRECENTED

II HAY 19 AM II: 15
SEGNETARY OF STATE
ALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE STAFFLINK OUTSOURCING IV, INC.

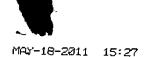
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4/22/2011



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

	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 Flor		
	r to change its registered office or registered agent, or both, in the State of Flor		
1. The name of t	he corporation: Stafflink Outsourcing IV, Inc.		
2. The principal	office address: 1776 N. Pine Island Rd Suite 108, Ft. Lauderdale, Florida 333	122	
3. The mailing a	ddress (if different):		
4. Date of incom	poration/qualification: 6/23/1999 Document number: P99000056	835	
	street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	the	
	FINKELSTEIN, ABRAM		
	1776 N. PINE ISLAND RD, SUTTE 108	piana	
	PLANTATION FL 33322 US		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	Section 1	E O
	C T Corporation System		Ç
	1200 South Pine Island Road. Plantation. Florida 33324 P.O. Box NOT acceptable		<u>အ</u> 57
as changed will			L
authorized by the	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	.11001 50	
	Mark Williams, Vice-President Printed or typed name and title		
I hereby accept I further agree of my duties, an document is bei 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 comp d I am familiar with and accept the obligation of my position as registered i ng filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change.	lete performant agent. Or, if th confirm that th	e is e
Mahl	nature of Registered Agent 21st day of April, 2011		
If signing on be	half of an entity:		
Mark Williams,	AVP pped 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
CRZE043 (8/05)

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