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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 .

Phone

: (850)222-1092

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REGISTERED AGENT CHANGE

WORKERS TEMPORARY STAFFING, INC.

Certificate of Status	0
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CT CORP

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State oferror to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Worken Temporary Staffing, Inc.	
	l office address: 4035 W 1ST STREET SANFORD FL 32771 US	,
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 12/31/1990 Document number: S22068	
	d street address of the current registered agent and registered office on file with the rement of State:	x
•	CORPORATE CREATIONS NETWORK, INC.	
	CORPORATE CREATIONS NETWORK, INC. A SE CORPORATE CREATION NETWORK, INC.	η
	PALM BEACH GARDENS FL 33410 US	=
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	CT Corporation System 5	
	c/o C T Corporation System, 1200 South Pine Island Road	
	(P.O. Box NOT acceptable) Plantation, Florida 33324	
The street addre	ess of its registered office and the street address of the business office of its registered ag	+
as changed will	i de Mantical.	SCIII,
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
- Nignih	THIMAS J. BOOM PIES	_
I hereby accept I further agree of my duties, an document is bei corporation has	like appointment as registered agent and agree to act in this capacity. To comply with the provisions of all supplies relative to the proper and complete perform I am familiar with and accept the obligation of my position as registered agent. Or, it ing filed merely to reflect a change in the registered office address, I hereby confirm that is been notified in writing of this change.	ance this the
By: (' () (Si	CT Corporation System 415 8 30 2007	
If signing on be	chalf of an entity:	,
Carol Record, A	<u> </u>	
	Typed or Printed Name)	
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	

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

FL006 - 09/14/2005 C T System Online

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