

## **Document Number Only**

, s or a limited

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

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## CORPORATION(S) NAME

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King Uniform Corporation	1	到多二
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() Profit () Nonprofit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership	() Annual Report	() Other
() LLC	() Name Registration	(x) Change of RA
	() Fictitious Name	() UCC
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0. the undersigned corporation organized under the laws of	
submits the following statement in order to change its re	
the State of Florida.	
1. The name of the corporation is: King Uniform Corp	oration
	•
2. The mailing address of the corporation is: 9009 Rege	ncy Square Blvd., Jacksonville, FL
32211	
3. Date of incorporation/qualification: 04-29-1991	Document number: \$48644
4. The name and address of the current registered agent a	nd office:
	- dos 9
CT Corporation System	
1200 South Pine Island Road	当 3 五
	<b>売</b> 1 日
Plantation, FL 33324	officer (P. O. Poyr Not Acceptable)
5. The name and address of the new registered agent and	omce: (P. O. Box Not Acceptable)
Jennifer Stackhouse	97 -
King Provision Corporation	DA 19
9009 Regency Square Blvd., Jac	ksonville, FL 32211
The street address of its registered office and the street a agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted authorized by the board	by its board of directors or by an officer so
	3-29-00
(Signature of anjofficer, chairman or vice chairman of the board)	
<i>y</i> • • • • • • • • • • • • • • • • • • •	
Mark Slater, Vice President of Finance	<del></del>
(Printed or typed name and title) Having been named as registered agent and to accept se corporation, I hereby accept the appointment as register of further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and acregistered agent.	rvice of process for the above stated red agent and agree to act in this capacity. tes relative to the proper and complete recept the obligation of my position as
lunion dtarbouse	3/28/00
() (Signature of Registered Agent)	(Date)
f signing on behalf of an entity:	
Jennifer Stackhouse	
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$	35.00 * * *
CR2E045(7/97)	•
DIVISION OF CORPORATIONS P.O. Box 6327	TALLAHASSEE, FL 32314