

Oct. 30. 2009 11:20AM  
Division of Corporations

Moran & Shams

No. 8569

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**Florida Department of State**  
Division of Corporations  
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**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

**REGISTERED AGENT CHANGE**

**STAFF OUTSOURCE SOLUTIONS II, INC.**

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

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**COVER LETTER****TO:** Amendment Section  
Division of Corporations**SUBJECT:** Staff Outsource Solutions II, Inc.  
Name of Corporation**DOCUMENT NUMBER:** V72257

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 PersonMoran Kidd Lyons Johnson & Berkson, PA  
Firm/Company111 N. Orange Ave., Suite 1200  
AddressOrlando, FL 32801  
City/State and Zip Codegberkson@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

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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, 617.0502, 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 II, 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: V72257

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

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

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