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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

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REGISTERED AGENT CHANGE ACCORD HUMAN RESOURCES 13, INC.

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Help

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation orga	
in order to change its registered office or regi	
••	
1. The name of the corporation: ACCORD HUMAN RE	100000000000000000000000000000000000000
2. The principal office address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. The mailing address (if different):	
4. Date of incorporation/qualification: 4/19/2004	Document number: F0400002197
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resig	agent and registered office on file with the
JONES, JOHN L.	
410 WARE BLVD., #716 TAMPA, FL	3619
6. The name and street address of the new registered as	rent (if changed) and /or registered office
(if changed):	
C T Corporation System	
c/o C T Corporation System, 1200 South	Pine Island Road
P.O. Box N	OT ecceptable
Plantation, Plorida 33324	
The street address of its registered office and the street as changed will be identical.	et address of the business office of its registered agent,
Such change was authorized by resolution duly adopt authorized by the doard or the corporation has been in	ed by its board of directors or by an officer so notified in writing of the change,
	Jennifer Kurz Vice President
I hereby accept he appointment as registered agent a lighter agreet to comply with the provisions of all strengther agreet my dulies, and I am familiar with and agent. Or, if this document is being filed merely to reheraby confirm that the corporation has been notified	Printed or typed name and little and agree to act in this capacity, quites relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address, I in writing of this change.
By: () () () ()	10/16/2013
Signature of Registered Agent Kristin Bold If signing on behalf of an entity Assistant Secr	
Typed or Printed Nume	
* * * FILING F	EE: \$35.00 * * *
	ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314

FLE06 - 05/20/2013 Walters Khower Oulline