

L14000080346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

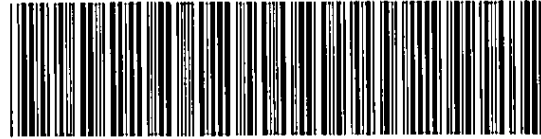
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 19 2010

T SOURCECER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Worker Investments LLC

1. Name of the limited liability company: Worker Investments LLC
5379 Lyons Rd #876 5379 Lyons Rd #876

2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
Coconut Creek Coconut Creek
Florida, 33073 Florida, 33073

05/19/2014

L14000080346

3. Date of filing/registration in Florida 4. Document number
Robert Worker

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
333 LAS Olas Way

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite # CU1
Fort Lauderdale 33301
FL

Robert Worker

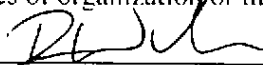
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

5379 Lyons Rd #876

NEW Registered Office Address:
Coconut Creek 33073
FL

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 SHREVEPORT, LOUISIANA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Robert Worker

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Signature of Registered Agent