N04000003784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

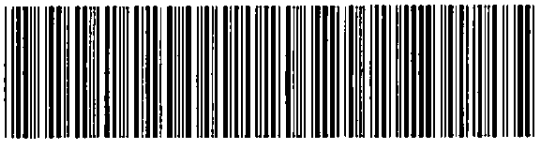
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700452425787

FILED
2025 JUN 16 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FM
6.5.25

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Workforce Solutions, Inc. of Florida
Name of Corporation

DOCUMENT NUMBER: N04000002724

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:

Colette Pearson
Name of Contact Person

Workforce Solutions, Inc. of FL
Firm/Company

15455 SW 87th Court
Address

Miami, FL 33157
City/State and Zip Code

casemanager00@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colette Pearson at (786) 573-1284
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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 Workforce Solutions, Inc. of FL

2. The principal office address
8180 NW 36th St. #206 Miami, FL 33166

3. The mailing address (if different) 15455 SW 87th Court Palmetto Bay, FL 33157

4. Date of incorporation/qualification: 3/17/2004 Document number: N04000002724

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)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed)

Colette Pearson, MHS, CRC, CVE

15455 SW 87th Court

P.O. Box NOT acceptable

Palmetto Bay, FL 33157

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.

Colette Pearson-President
Signature of an officer or director — 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.

5/28/2025
Signature of Registered Agent — Date

If signing on behalf of an entity:

Colette Pearson
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

CR2E045 (04/13)

FILED
2025 JUN 16 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA