P9800060167

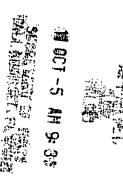
(Re	questor's Name)			
(Ad	dress)			
,	•			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL.		
	siness Entity Nar	70)		
(bu	Siness Entity Ivai	ne)		
(Document Number)				
Certified Copies Certificates of Status				
<u></u>				
Special Instructions to Filing Officer:				
1				
		į		
<u> </u>	····			

Office Use Only



800212821758

10/05/11--01020--013 **70.00





COVER LETTER

Amendment Section

TO:

Workforc		oration	
NUMBER:	P9800	0060167	
Statement of Change of Re	gistered Office/A	gent and fee are subr	mitted for filing.
all correspondence concern	ning this matter to	the following:	
Work			
7322	Manatee Aven Address	ue West, #199	
В	radenton, Flori City/State and 2	da 34209 Jip Code	
E-mail address: (to	bkelly@wftear be used for futu	m.com re annual report no	tification)
ormation concerning this n	natter, please call:		
Robert W. Kelly	s	_{st (} 941)	705-6567
Name of Contact Person	·	Area Code & Day	time Telephone Number
35.00 check made payable	e to the Departmen	nt of State.	
Division of Co P.O. Box 6327	rporations	Street Address Amendment Division of C Clifton Build 2661 Execut	Section Corporations
	NUMBER: Statement of Change of Reall correspondence concern Work 7322 B E-mail address: (to bornation concerning this real concerning this real content of Contact Person 35.00 check made payable Mailing Address Amendment Se Division of Cor P.O. Box 6327	Name of Corp P9800 Statement of Change of Registered Office/A all correspondence concerning this matter to Robert W. Name of Contact Workforce Business Firm/Comp 7322 Manatee Aven Address Bradenton, Flori City/State and 2 bkelly@wftear E-mail address: (to be used for future formation concerning this matter, please call: Robert W. Kelly Name of Contact Person	Statement of Change of Registered Office/Agent and fee are substall correspondence concerning this matter to the following: Robert W. Kelly Name of Contact Person Workforce Business Services, Inc. Firm/Company 7322 Manatee Avenue West, #199 Address Bradenton, Florida 34209 City/State and Zip Code bkelly@wfteam.com E-mail address: (to be used for future annual report no commation concerning this matter, please call: Robert W. Kelly Name of Contact Person Area Code & Day 335.00 check made payable to the Department of State. Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Clifton Build

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 Business Services. Inc. 2. The principal office address: 7322 Manatee Avenue West, #199, Bradenton, Florida 34209 3. The mailing address (if different): P98000060167 07/08/1998 4. Date of incorporation/qualification: Document number: 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) Daniel P. Johnson 1401 Manatee Avenue West, Suite 600 Bradenton, Florida 34205 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Robert W. Kelly 7322 Manatee Avenue West, #199 P.O. Box NOT acceptable Bradenton, Florida 34209 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. Robert W. Kelly, President 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. October 4 Signature of Registered Agent If signing on behalf of an entity: Typed or Printed Name

* * * FILING FEE: \$35.00 * * *