

Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CTPROCOMPLY
Account Number : I20100000053
Phone : (608) 827-5300
Fax Number : (608) 827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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RECEIVED
14 OCT 21 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

NEW EDUCATION FOR THE WORKPLACE, INC.

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

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Corporate Filing Menu

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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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NEW EDUCATION FOR THE WORKPLACE, INC.
2. The principal office address: 2611 Temple Heights Drive, Suite A, Oceanside, California 92056
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/26/2001 Document number: F01000005582

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)

F&L CORP.

ONE INDEPENDENT DRIVE, SUITE 1300

JACKSONVILLE, FL 32202

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

C T Corporation System


1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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 of an officer or director

Linda C Dawson, President
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 of Registered Agent

8th day of October, 2014
Date

If signing on behalf of an entity:

Mark Williams, AVP
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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