F0600006230

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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MAY 0 5 2014 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: April 22, 2014

Order#: 094526-008

Re: NATIONAL OLDER WORKER CAREER CENTER, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0302, 617.0302 inge is submitted for a corporation organi r to change its registered office or register	zed under the la	ws of the State of <u>DC</u>	
	he corporation: NATIONAL OLDER WOF	-	•	
2. The principal	office address:H FAIRFAX DRIVE SUITE 900, ARLING			
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification: 09/28/2006		Document	number: F06000006230	
	street address of the current registered ag tment of State: (If resigned, enter resigned		ed office on file with the	
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	FL	33324	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company			
	1201 Hays Street			
	P.O. Box NOT a	•	32301	
The street addre	ess of its registered office and the street a be identical.	ddress of the bu	isiness office of its registered agent,	
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.				
0262		Dona Priebe, Vice President Printed or typed name and title		
I further agree is performance of agent. Or, if the hereby confirm	the appointment as registered agent and o comply with the provisions of all statumy duties, and I am familiar with and act is document is being filed merely to reflect that the corporation has been notified in	agree to act in tes relative to the cept the obliga- ct a change in t	this capacity. he proper and complete tion of my position as registered he registered office address, I	
By: J.M	n Service Company	04/14/2014		
	nature of Registered Agent		Date	
If signing on be	half of an entity:			
	Assistant Vice President			
Typed or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

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