

F11000003413

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

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

Please retain original filing
date of submission 10/24

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

REGISTERED AGENT CHANGE
WORKLIFE JOBS, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

Attn: Darlene
Connell

Electronic Filing Menu

Corporate Filing Menu

Help

Change
10-25-12
DC



October 24, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WORKLIFE JOBS, INC.
700 TOWER DRIVE
SUITE 220
TROY, MI 48098

SUBJECT: WORKLIFE JOBS, INC.
REF: F11000003413

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE ABOVE ENTITY IS A FLORIDA CORPORATION AND THE DOCUMENT SUBMITTED IS FOR A FLORIDA LIMITED LIABILITY COMPANY. THE CORRECT FORM TO USE IS A FLORIDA REGISTERED AGENT CHANGE FORM WHICH CAN BE DOWNLOADED AT OUR WEBSITE: WWW.SUNBIZ.ORG.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H12000256404
Letter Number: 012A00026162

RECEIVED
12 OCT 25 AM 8:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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

1. The name of the corporation: Worklife Jobs, Inc.
2. The principal office address: 700 TOWER DRIVE, SUITE 220
TROY, MI 48098
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/22/2011 Document number: F11000003413

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)

ZELLNER, JOEL

6817 SOUTHPOINT PARKWAY #403

JACKSONVILLE, FL 32216

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road Plantation,

P.O. Box NOT acceptable

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.

Rebecca Barth

Signature of an officer or director

Rebecca Barth, Vice 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.

C T Corporation System

By: Kristin Bolden

Signature of Registered Agent

10/24/2012

Date

If signing on behalf of an entity:

Kristin Bolden

Assistant Secretary

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 (03/12)