F17000003281

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : PETERSON & MYERS PA
Account Number : I20080000078
Phone : (863)294-3360
Fax Number : (863)299-5498

2020 APR 15 AM 9:58

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

Email Address: awalls@petersonmyers.com

2020 APR 15 PM 4:45

REGISTERED AGENT CHANGE
WORKING NUMBERZ, INC.

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

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APR 16 2020

March 18, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WORKING NUMBERZ, INC.
3525 SEAWAY DR.
NEW PORT RICHEY, FL 34652US

SUBJECT: WORKING NUMBERZ, INC.
REF: F17000003281

We have received your document for WORKING NUMBERZ, INC. and the authorization to debit your account in the amount of $35.00. However, the document has not been filed and is being returned for the following:

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

FAX Aud. #: H20000085962
Letter Number: 020A00005911

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Working Numberz, Inc.
Name of Corporation

DOCUMENT NUMBER: F17000003281

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:

Amanda L. Walls
Name of Contact Person

Peterson & Myers, P.A.
Firm/Company

225 East Lemon Street, Suite 300
Address

Lakeland, Florida 33801
City/State and Zip Code

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

For further information concerning this matter, please call:

Frank Colaprete at (727) 389-7914
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)

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

1. The name of the corporation: Working Numberz, Inc.
2. The principal office address: 3525 Seaway Drive, New Port Richey, Florida 34652
3. The mailing address (if different):
4. Date of Incorporation/qualification: 07/19/17 Document number: F17000032881
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)

   Catherine Shinn, Peterson & Myers, P.A.

   225 East Lemon Street, Suite 300

   Lakeland, Florida 33801

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

   Peterson & Myers, P.A., Attn: Amanda L. Walls

   225 East Lemon Street, Suite 300

   P.O. Box NOT acceptable

   Lakeland, Florida 33801

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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.

Frank Colonetta Jr. — 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.

Amanda L. Walls — 3/13/2020

Signature of Registered Agent — Date

If signing on behalf of an entity:

Amanda L. Walls

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)