

F19000000335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ALBRIGHTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Certified Labor Works Corp
Name of Corporation

DOCUMENT NUMBER: F19000000335

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:

Frank P. Walker/President
Name of Contact Person
Certified Labor Works Corp
Firm/Company
844 Pleasant Valley Drive
Address
Springboro, OH 45066
City/State and Zip Code
roofsbyclwcorp@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank P. Walker/President 239 207-8427
Name of Contact Person at () 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2019

FRANK P. WALKER
844 PLEASANT VALLEY DRIVE
SPRINGBORO, OH 45066

SUBJECT: CERTIFIED LABOR WORKS CORP.
Ref. Number: F19000000335

We have received your document for CERTIFIED LABOR WORKS CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 819A00023978

2020 JAN -3 PM 3:59

RECEIVED

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

1. The name of the corporation: Certified Labor Works Corp
2. The principal office address: 844 Pleasant Valley Drive
Springboro, OH 45066
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/17/2019 Document number: F19000000335
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)

Corporation Service Company

1201 Hays Street

Tallahassee

FL 32301

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

Frank P. Walker

1807 Jackson Ave

P.O. Box NOT acceptable

Lehigh Acres

FL 33972

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 P. Walker
Signature of an officer or director

Frank P. Walker/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.

Certified Labor Works Corp

By: Frank P. Walker

Signature of Registered Agent

October 17, 2019

Date

If signing on behalf of an entity:

Frank P. Walker

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)

FILED
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TALLAHASSEE, FLORIDA