FILED

2003 LIMITED LIABILITY COMPANY

Apr 25, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # L02000029249 04-25-2003 90755 040 ****50.00 1. Entity Name WORK FORCE CENTRAL, LLC Principal Place of Business Mailing Address 8603 SOUTH DIXIE HIGHWAY 8603 SOUTH DIXIE HIGHWAY Suite 303 SUITE 303 MIAMI FL 33143 MIAMI FL 33143 3. Mailing Address BSO9 TOURMAINE 2. Principal Place of Business 8509 Tourmaline CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FELNumber Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURGER, ALAN M Street Address (P.O. Box Number is Not Acceptable) 8603 SOUTH DIXIE HIGHWAY SUITE 303 MIAMI FL 33143 BeacH 8. The above named entity submits this statement for the purpose of changing its registered office or régistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. MORK J. BURGER FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE **☑** Change Addition TITLE ☐ Delete NAME BURGER, MARK J 18509 Tourmaline Blud. STREET ADDRESS STREET ADDRESS 8603 SOUTH DIXIE HIGHWAY, SUITE 303 BoyNton BEACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 Change TITLE MGR Delete TITLE Addition NAME NAME SILVERS, BRUCE 8509 Tourmaline Blud STREET ADDRESS STREET ADDRESS 8603 SOUTH DIXIE HIGHWAY, SUITE 303 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 Delete _ TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [] Addition TITLE NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP