L07000028032

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phon	<u>e #)</u>
(5	.,,	, ,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
(==	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Cardilland Carrier	Contificato	a at Chahua
Certified Copies	_ Certificates	s or Status
Special Instructions to Filing Officer:		
		,
		LS

Office Use Only



700104738777

06/25/07--01012--026 **25.00

SECRETARY OF STATE ALLAHASSEE. FLORIDA

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT: U		EK //C	mpany)	
	(
Dear Sir or Madam:				
The enclosed Articles of Correction and fee(s) are submitted for filing.				
Please return all corr	espondence concerning this	s matter to the followin	g:	
Daniel	(Name of Person)		_	
Work-flow	J Tek LLC (Firm/Company)	<u>*</u>	_	
129 Wat	erway (Address)		_	
Poyal 1	City/State and Zip Code)	C. 33411	-	
For further information concerning this matter, please call:				
DAN PER	ame of Person)	at (56)) 790 - 4243 2 Daytime Telephone Number)	
(142	une qui reison)	(Alea Code o	e Daytime Telephone Number)	
STREET/COURIER Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ions er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

480m, or bonn, in the State of 1 to than
1. The name of the limited liability company is: Workflow Tek
2. The mailing address of the limited liability company is: 10 Grand Bey Circle
North Palm Boad, FL 33408
3/14/2007 3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Meyer Laura Name Name
City, State and Zip City, State and Zip City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member) DAN Percy (Printed or typed name of signet) 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)