

L140000 80346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

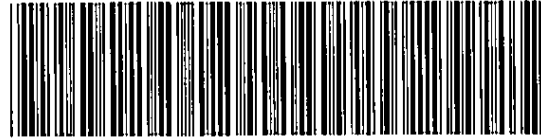
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 12 2010

T SOURCECER

COVER LETTER

TO: Registration Section
Division of Corporations

Worker Investments LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Worker

Name of Person

Worker Investments LLC

Firm/Company

5379 Lyons Rd #876

Address

Coconut Creek, Florida 33073

City/State and Zip Code

robworker@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Worker	954	2785166
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at (_____)

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Worker Investments LLC

1. Name of the limited liability company: 5379 Lyons Rd #876 5379 Lyons Rd #876

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Coconut Creek

Coconut Creek

Florida, 33073

Florida, 33073

05/19/2014

L14000080346

3. Date of filing/registration in Florida

4. Document number

Robert Worker

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
333 LAS Olas Way

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Suite # CU1

Fort Lauderdale

33301

FL

Robert Worker

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5379 Lyons Rd #876

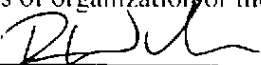
NEW Registered Office Address:

Coconut Creek

33073

FL

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.

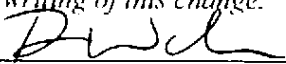


Robert Worker

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 605, 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.



Signature of Registered Agent

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STATE OF FLORIDA
TALLAHASSEE OFFICE