

L61457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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C.M.
8/4/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WORK FROM HOME ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: L61457

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:

Ashraf H Boutros, CPA EA

Name of Contact Person

Total Tax Solutions

Firm/Company

2100 East Sample Road, Ste 202

Address

Lighthouse Point, FL 33064

City/State and Zip Code

ahboutros@comcast.net

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

For further information concerning this matter, please call:

Ashraf H Boutros, CPA EA at (954) 946-4142

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATE
TALLAHASSEE, FL 32301

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

1. The name of the corporation: WORK FROM HOME ASSOCIATION, INC.
2. The principal office address: 2100 NE 36th Stret
Lighthouse Point, FL 33064
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/09/2012 Document number: L61457
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)

SCHEIN, ALAN

499 EAST SHERIDAN STREET 203

DANIA, FL 33004

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

SCHEIN, ALAN

2100 NE 36TH ST STE 202

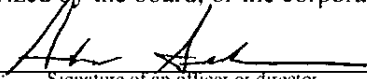
P.O. Box NOT acceptable

LIGHTHOUSE POINT, FL 33064

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


Signature of an officer or director

Alan Schein

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.


Signature of Registered Agent

7/21/14
Date

If signing on behalf of an entity:

Alan Schein

Typed or Printed Name

*** FILING FEE: \$35.00 ***