M08 00000 3366

(Requestor's Name)					
(Address)					
(Address)					
(City	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
. (Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Fiting Officer:					

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: May 21, 2021

Order#: 820104-005

Re: WORKBEAST LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX ___ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

1. N	ame of the limited liability company: WORKBEAST	LLC		
2. (a)	1776 N. Pine Island Road		1776 N.	Pine Island Road
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	·,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ste 306		Ste 306	
	Plantation, FL 33322		Plantatio	n, FL 33322
	07/17/2008		M0800000	03366
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CT CORPORATION SYSTEM			
J. (4)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florid	a Dept. of Sta	ite:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>s)</u>	_
	PLANTATION , F)	33324		_
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office a	ddress:	
	NEW Registered Office Address:			,
	1201 Hays Street			
				馬
	Tallahassee, F	L	 	<u></u>
chang agent was/w the art	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e register iability con of the lire ilimited	ed office ar ompany, it nited liabili liability cor	lorida, it is hereby confirmed that after the nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Sign	ature of a member of authorized representative of a member	<u> </u>	Climi, Auth	Printed or typed name of signee
I here provis the obto met notifie	eby accept the appointment as registered agent and agestions of all statutes relative to the proper and complete eligations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change. The property of Registered Agent E. Kirby, Asst. Vice President of Corporation Service Company	nerform	iance of my	pacity. I further agree to comply with the duties, and I am familiar with and accent

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