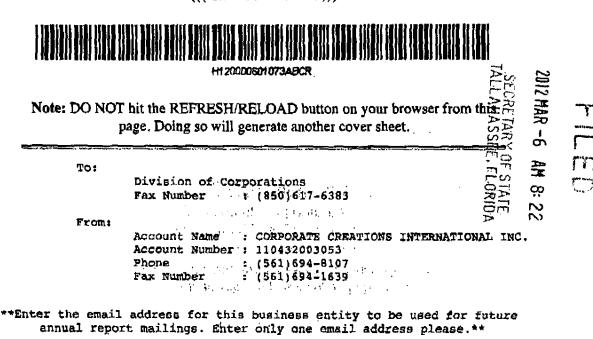
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000601073)))



Email Address:

LLC REGISTERED AGENT CHANGE WORKFORCELOGIC LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

12 HAR -6 PH 14 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

MAR_ 7 2012

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.

1. Name of the limited liability company:	WORKFORCELOGIC	LC
2. (a) Principal office address of limited liability compan	y:	7
(Note: MUST BE STREET ADDRESS)	19080 LOMITA SONOMA CA 95476	SECRI
(b) Mailing address of limited liability company:	JOHOMA CA SONTO	ASSISTANTIAN
(Note: MAY BE POST OFFICE BOX)	19080 LOMITA SONOMA CA 95476	F. F. S
06/08/2011	M11000002	91 8 5.0
3. Date of filing/registration in Florida	4. Document number	
Registered Office Address:	NATIONAL CORPORATE RESE	ARCE, LTD., INC.
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office addres	<u>ss</u> :
NEW Registered Agent:	Corporate Creations Net	work Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11380 Prosperity Farms Palm Beach Gardens	Road #221E ,FL33410_
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the changes of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the restical. Or, in the case of a Florida was/were authorized by an	egistered office rida limited affirmative vote
Signature of Amember or authorized topresentative of a member		
Printed or typed same of signific by Kristine Roy,	aging member as Attorney-in-Fact	
I hereby a fact the appointment as resistered agent and comply with the provisions of all statutes relative to the prant I am familiar with and accept the obligations of my pochapter the first for y that segument is being filed to me address. Thereby confirm that the limited liebility company is signaplice of users of Agent	agree to act in this capacity, oper and complete performancistion as registered agent as erely reflect a change in the ray has been notified in writing in Poy, Special Secret	-7
Division of Conporations, P.O. Box 6. FILING FEE: \$	200 TO BELLEVILLE TOT 49914	•
INHS18 (05/08)		