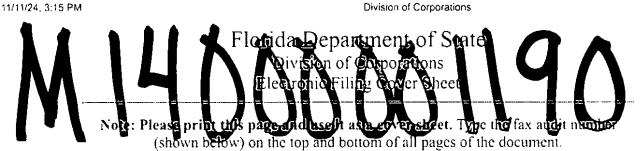
Division of Corporations



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tiEpter the email address for this business entity to be used for future to the fitting to be used for future to the control of the control annual report mailings. Enter only one email address please. \*\*

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## LLC REGISTERED AGENT CHANGE WORKFORCE SOFTWARE, LLC

Certificate of Status	0
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M.	SOLOMON
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## 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: WORKFORCE SO	OFTWARE, LLC		
2. (a)	38705 Seven Mile Road	(b) 38705 Seven Mile Road		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Suite 300	Suite 300		
	Livonia, Mt 48152	Livonia, N	11 48152	
	02/19/2014	M14000001	190	
3.	Date of filing/registration in Florida	4,	Document number	
5. (a)	CORPORATION SERVICE COMPANY			
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florida Dept, of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	1201 HAYS STREET		2€0 21	
	TALLAHASSEE , FL	32301	2024 NOV	
(b)	C T Corporation System		2	
(* )	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (	Office address:	PH 4:09	
	NEW Registered Office Address:			
	1200 South Pine Island Road		-	
	Plantation, FL_	33324	_	
the charagent was/w the art  Signar  I here provise the ober notifice	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia gree authorized by an affirmative vote of the members of these of organization or the operating agreement of the law accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. In din writing of this change.  C.T. Corporation System  N.L. EMERICA. ASSISTANT SECRETARY	the registered office bility company, it is find the limited liability con Dorothy Wisnion Dorothy Wisnion deep to act in this capperformance of my lifer in Chapter 603	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in appany.  Printed or typed name of signee  acity. I further agree to comply with the duties, and I am familiar with and accept to F.S. Or, if this document is being filed	

Signature of Registered Agent