

MI4000006973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

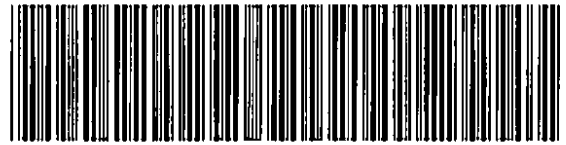
(Business Entity Name)

(Document Number)

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18 SEP 17 AM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 SEP 17 PM 2:04  
FILED  
TALLAHASSEE, FLORIDA

K. SALLY

SEP 18 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 389054 158568A

AUTHORIZATION :



COST LIMIT : \$25.00

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ORDER DATE : September 17, 2018

ORDER TIME : 1:07 PM

ORDER NO. : 389054-005

CUSTOMER NO: 158568A  
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CHANGE OF AGENT

NAME: WORXTIME, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS: \_\_\_\_\_

**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. Name of the limited liability company: Worxtime, LLC

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**)

360B QUALITY CIRCLE STE 220

Same

HUNTSVILLE, AL

35806

9/29/2014

M14000006973

3. Date of filing/registration in Florida

4. Document number

5. (a) INCorp SERVICES, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

17888 67TH COURT NORTH

LOXAHATCHEE

FL 33470

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee

FL 32301

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.

/s/Rodolfo O. Ploder

Rodolfo O. Ploder

Signature of a member or authorized representative of a member

Printed or typed name of signer

*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.*

Roxanne Turner

**Roxanne Turner  
Asst. Vice President**

Signature of Registered Agent Corporation Service Company BY:

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
18 SEP 17 AM 1:52  
STATE  
TALLAHASSEE, FLORIDA