

N0000000004170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

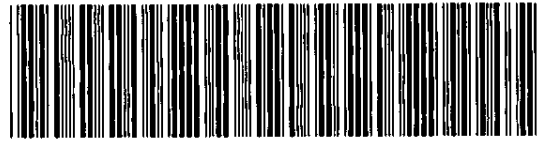
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/15--01001--005 **70.00

*Name Change
Amend*

APPROVED
AND
FILED

15 JUN 24 PM 4:02 RECEIVED
SECRETARY OF STATE
FLORIDA
DIVISION OF CORPORATIONS

JUN 25 2015
C LEWIS

*00789, 04135, 02546, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2015

Jay Barber, General Counsel
Workforce Florida, Inc.
1580 Waldo Palmer Lane, Suite 1
Tallahassee, FL 32308

SUBJECT: WORKFORCE FLORIDA, INC.
Ref. Number: N00000004170

We have received your document for WORKFORCE FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 115A00013317

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Workforce Florida, Inc.

DOCUMENT NUMBER: N00000004170

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jay Barber, General Counsel

(Name of Contact Person)

Workforce Florida, Inc.

(Firm/ Company)

1580 Waldo Palmer Lane, Suite 1

(Address)

Tallahassee, FL 32308

(City/ State and Zip Code)

jbarber@careersourceflorida.com

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

For further information concerning this matter, please call:

Jay Barber

(Name of Contact Person)

at (850) 414 8300

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

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



Britt Sikes
Chairman

Chris Hart IV
President & CEO

Jay Barber, General Counsel
1580 Waldo Palmer Lane, Suite 1
Tallahassee, FL 32308
June 25, 2015

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Dissolution of the corporation CareerSource Florida, Inc. and renaming of Workforce Florida, Inc. to CareerSource Florida.

Attn: Annette Ramsey, Regulatory Specialist II

Dear Ms. Ramsey,

Thank you for your June 24, 2015 letter.

The corporation, CareerSource Florida, Inc., was created as a "placeholder" when it became known that the Legislature was going to introduce legislation renaming Workforce Florida, Inc. to CareerSource Florida, Inc. Creating the CareerSource Florida, Inc. corporation assured Workforce Florida, Inc. that before the legislation passed the name "CareerSource Florida, Inc." in the interim would not be taken by others. We are now dissolving the CareerSource Florida, Inc. corporation so that name can be used in renaming Workforce Florida, Inc. to CareerSource Florida, Inc.

Therefore, I, as the incorporator of CareerSource Florida, Inc., can state that there is not—now or in the future—any intention of revoking the dissolution and I release the name for use to another entity, that entity being Workforce Florida, Inc. as it changes its name to CareerSource Florida, Inc.

Your advice on this matter is greatly appreciated.

Jay Barber, Incorporator
for CareerSource Florida, Inc.

1580 Waldo Palmer Lane, Suite 1 • Tallahassee, FL 32308
p: (850) 921-1119 f: (850) 921-1101

careersourceflorida.com

Articles of Amendment
to
Articles of Incorporation
of

APPROVED
AND
FILED

15 JUN 24 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Workforce Florida, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N00000004170

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

CareerSource Florida, Inc.

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: _____
date this document was signed.

APPROVED
AND
FILED

, if other than the

Effective date if applicable: N/A

(no more than 90 days after amendment file date)

15 JUN 24 PM 4:02

Adoption of Amendment(s)

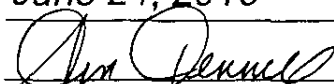
(CHECK ONE)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated June 24, 2015

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Scott Fennell

(Typed or printed name of person signing)

Treasurer

(Title of person signing)