

NO 0000002578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

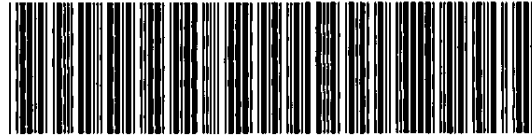
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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AC

M. MILLIGAN
EXAMINER

AUG 25 2010

Malave, Erin

From: Information [info@workforce-1.org]

Sent: Friday, August 20, 2010 6:54 PM

To: CorpAddressChange

Subject: ADDRESS CHANGE

To Whom It May Concern:

I am requesting an address change for the business Workforce 1, Inc. Document # N06000002578.

The office location for this business is

Workforce 1, Inc.

6412 N University Dr. / **Suite 127.**

Tamarac, FL 33321

If there is anything in addition that you may need, contact Manager at 888-229-9115.

Thank You,

Workforce 1, Inc.

Director

ac