

N09000011299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 AUG 27 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN
AUG 27 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Working Well Inc

Name of Corporation

DOCUMENT NUMBER: N09000011299

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim King

Name of Contact Person

King & Wood, PA

Firm/Company

1701 Hermitage Blvd, Suite 203

Address

Tallahassee, FL 32308

City/State and Zip Code

mestes@firstcommercecu.org

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

For further information concerning this matter, please call:

Mary Estes

Name of Contact Person

at (850) 510-8416

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2018

KIM KING
1701 HERMITAGE BOULEVARD
SUITE 203
TALLAHASSEE, FL 32308

SUBJECT: WORKING WELL, INC.
Ref. Number: N09000011299

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

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 318A00015224

RECEIVED
18 AUG 27 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Working Well, Inc
2. The principal office address: 1819 Atlantis Place, Tallahassee, FL 32303
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/24/2009 Document number: N09000011299
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

King & Wood, PA

1701 Hermitage Blvd, Suite 104

Tallahassee, FL 32308

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

King & Wood, PA

1701 Hermitage Blvd, Suite 203

P.O. Box NOT acceptable

Tallahassee, FL 32308

SECRETARY OF STATE
TALLAHASSEE, FL

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mary Estes
Signature of officer or director

Mary Estes

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Kimberly King
Signature of Registered Agent

8/15/2018
Date

If signing on behalf of an entity:

Kimberly L. King, Vice President
King & Wood, P.A.
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314