N19 000009661

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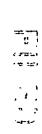


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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Workforce S NAME OF CORPORATION:	afety Training, Inc.			· <u> </u>
N1900009661 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	are submitted for filing.			
Please return all correspondence concerning th	is matter to the following	:		
Clarence A Willard Jr.				
	(Name of Contac	t Person)		
Workforce Safety Training, Inc.				
	(Firm/ Comp	oany)		
282 Candlebark Drive				
	(Address)		
Jacksonville, Florida 32225				
	(City/ State and Z	Cip Code)		
info@workforcesafetytraining.org				
E-mail address: (to)	be used for future annual	report notificat	ion)	
For further information concerning this matter,	please call:			
Clarence A Willard Jr		904 at	635-0515	
(Name of Contact	Person)	(Area Code	e) (Daytime Telephone Numb	ber)
Enclosed is a check for the following amount n	nade payable to the Florid	da Department	of State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of \$	Fee & \$\Bigsize\$\$43.75 Filing F Status Certified Copy (Additional copenclosed)	Cer by is Cer (Ac	2.50 Filing Fee rtificate of Status rtified Copy Iditional Copy is closed)	
Mailing Address Amendment Section		Street Addres Amendment Se		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

to

Articles of Incorporation

of

Workforce Safety Training, Inc.	
(Name of Corporation as cur	rrently filed with the Florida Dept. of State)
N19000009661	
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	The new poration" 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: (Principal office address MUST BE A STREET ADDRE	N/A CZ
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A CZ) PH
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, enter the name of the
Name of New Registered Agent:	N/A CO
New Registered Office Address:	(Florida street address) NA Florida
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
	Signature of New Registered Agent, if changing
	Mynature of New Registered Agent, if entinging

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: XChange X Remove X Add	<u>V</u> <u>Mil</u>	n Doe te Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	DCEO	Clarence A Willard Jr.	282 Candlebark Drive
Add			Jacksonville, F1, 32225
Remove			
2) Change	С	Peter Lasavage	1163 San Jose Forest Drive
X Add	,		Saint Augustine, FL 32080
Remove	C	Mark Gibson	1721 Tiffany Pines Circle
3) Change X		Mark Cityson	Jacksonville, FL 32225
Add			
4) Change	S	Kathy Lasavage	1163 San Jose Forest Drive
X Add			Saint Augustine, FL 32080
Remove			
5) Change	Т	Brian Simmons	6297 Wedmore Road
X Add			Jacksonville, FL 32258
Remove			
6) Change	s	Windel Patterson	2694 North Camel Avenue
X Add		 	Middleburg, FL 32068
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(attach additional sheets, if necessary). (Be specific)	
NA	
	<u> </u>
	
	
	·

The date of each amendment(s) adoption at this document was signed.	on:	, if other than the
ffective date if applicable:		
	(no more than 90 days after amendment file date)	
ocument's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	
There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
have not been sel	or vice chairman of the board, president or other officer-if directors lected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
Clarence A W	Villard Jr	
	(Typed or printed name of person signing)	
Director/Chie	f Executive Officer	

(Title of person signing)