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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: <u>Pasco-Hernando Workforce Board, In</u> Name of Co	c., dba CareerSource Pasco Hernando orporation
DOCU	JMENT NUMBER: N9600003200	
	nclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter	to the following:
	Heather Harter Name of Con	tact Person
CareerSource Pasco Hernando Firm/Company		
	P.O. Box 6589 Addr	ess
Spring Hill, FL 34611 City/State and Zip Code		
	hharter@careersourcepascoherns E-mail address: (to be used for fu	ando.com iture annual report notification)
For fui	rther information concerning this matter, please c	all:
Hea	ther Harter	at (<u>352</u>) <u>848-5109</u> Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Departi	ment 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

TO:

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: Pasco-Hernando Workforce Board, Inc.
2. The principal office address: 16336 Cortez Blvd., Brooksville, FL 34601
3. The mailing address (if different): P.O. Box 6589, Spring Hill, FL 34611
4. Date of incorporation/qualification: 1996 Document number: N96000003200
 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)
Jerome A. Salatino
7361 Forest Oaks Blvd., Spring Hill, FL 34606
6. The name and street address of the new registered agent (if changed) and /or registered affice (if changed):
16336 Cortez Blvd., Brooksville, FL 34601 P.O Box NOT acceptable
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.
Signature of an officer or director Mark Ear Board wells expended on the signature of th
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.
November 8, 2018 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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