P13000017735

(Requestor's Name)				
(Address)				
(Add	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300294980833

02/27/17--01034--020 **35.00

TY FEB 27 M 9: 52

MAR 02 2017 MICNAIR



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: February 23, 2017

Order#: 521348/005

Re: CASEWORK OF AMERICA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA XCOA



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

statement of cha	provisions of sections 607.0502, 617 inge is submitted for a corporation o r to change its registered office or re	rganized under the la	rws of the State of FL	
1. The name of t	the corporation: CASEWORK OF AM	MERICA, INC.		
	office address: 1030 N. Ellis Road		54	
3. The mailing a	ddress (if different): 4101 GULF SH	ORES BLVD. N PH	#1 NAPLES, FL 34103-2911	
4. Date of incorp	poration/qualification: 02/22/2013	Document	number: P13000017735	
	I street address of the current register tment of State: (If resigned, enter res		red office on file with the	
	KHAN, SHAHID R.			
	4101 GULF SHORES BLVD. N PH #1			
	NAPLES, FL 34103-2911		27 68	
6. The name and (if changed):	I street address of the new registered	agent (if changed) ar	and /or registered office	
	Corporation Service Company			
	1201 Hays Street			
	P.O. Box Tallahassee	NOT acceptable FL	32301	
The street addre	ess of its registered office and the st be identical.	reet address of the bu	usiness office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of on notified in writing	directors or by an officer so of the change.	
Je J Signatu	Thomas D Clarkson, Treasurer Signature of an officer or director Printed or typed name and title		rkson, Treasurer	
I hereby accept I further agree i performance of agent. Or, if thi hereby confirm	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with is document is being filed merely to that the corporation has been notifi on Service Company	nt and agree to act in	this capacity	
By: Sign	nature of Registered Agent	2-2	3-2011 Date	
If signing on be	half of an entity:	J		
Grace E. Kirby,	Asst. Vice President			
T	yped or Printed Name			

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