P14000037959

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SECRETARY OF STATE
TALLAHASSEE E

JQ 04/24/20

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJEC	T: Professional Workforce, Inc.	
Name of	Corporation	
DOCUM	IENT NUMBER: P14000037959	
The encle	osed Statement of Change of Register	red Office/Agent and fee are submitted for filing.
Please re	turn all correspondence concerning th	nis matter to the following:
Dianna L.		
Name of	Contact Person	
Profession	nal Workforce, Inc.	
Firm/Cor	npany	
316 U.S. I	Route 1, Suite F	
Address		
York, Ma	ine 03909	
City/State	and Zip Code	
	dianna@ges-america.com	
E-mail a	ddress: (to be used for future annu	al report notification)
For furthe	er information concerning this matter.	, please call:
Dianna L.		at (207)571-8500 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed	is a \$35.00 check made payable to the	e Department of State.
	Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations	Amendment Section
	P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	THE PARTY OF THE P	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of $\frac{F}{2}$	lorida	his 	_
	-	registered agent, or both, in the State of F	lorida.		
1. The name of t	the corporation: Professional Workfo	None Code, 220 Novel Dans Village, 47, 221		,	—
2. The principal	office address: 7601 hast Treasure i.	Drive, Suite 220, North Bay Village, FL 331-			
3. The mailing a	iddress (if different): 316 U.S. Route	e 1, Suite F. York, Maine 03909			
4. Date of incorp	poration/qualification: 04-28-2014	Document number: P1400003	7959		
	I street address of the current registement of State: (If resigned, enter re	ered agent and registered office on file wit esigned)	th the		
	Corporation Service Company		_		
	1201 Hays Street		71 338	2020	
	Tallahassee, FL 32230	·	(11) (133)	020 AUG -5	•
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered off	ARY OF	P.	ו
	Dianna Wheeler		. ಗಾರ ಪಾರ್	2: 2:	C
	7601 E. Treasure Drive-Suite 220		L T	22	
P.O. Box NOT acceptable					
	North Bay Village, FL 33141	· · · · · · · · · · · · · · · · · · ·	-		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	s register	ed ago	ent.
Such change was authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer s	o	
Tale	/11/40	Robert R. Laltoo			
Signam	re of an officer or director	Printed or typed name and lit	le		_
l further agrée of my duties, an document is bei	to comply with the provisions of a nd I am familiar with and accept th	ent and agree to act in this capacity. Il statutes relative to the proper and com he obligation of my position as registered e in the registered office address. I hereb hange.	iplete pei Lagent, vy confiri	rforma Or, if n that	ince this the
Xarina	L. Moolen	July 29, 2020			
	nature of Registered Agent	Date			_
If signing on bo	chalf of an entity:				
Dianna L.Wheel	er				
<u></u>	yped or Printed Name				

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