

P95000055/23

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

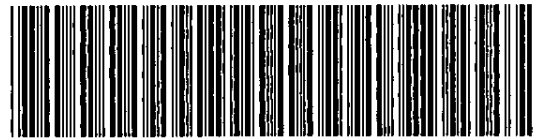
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600224856216

600224856216
03/21/12--01026--002 **185.00

FILED
12 MAR 21 PM 2:23
STATE OF MARYLAND
DEPARTMENT OF COMMERCE

No Change

MAR 22 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Workplace Solutions, Inc
Name of Corporation

DOCUMENT NUMBER: P95000055123

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:

Lynn Chapman
Name of Contact Person

Workplace Solutions, Inc.
Firm/Company

3733 University Blvd. West #210A
Address

Jacksonville, FL 32217
City/State and Zip Code

lchapman@workplace.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Chapman at (904) 997-8878
Name of Contact Person 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

**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: Workplace Solutions, Inc.
2. The principal office address: 3733 University Blvd. West #210A
Jacksonville, FL 32217
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July 17, 1995 Document number: P95000055123

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)

Stephanie Royal

7014 A C Skinner Parkway #260

Jacksonville, FL 32256

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

Stephanie Royal

3733 University Blvd. West #210A

P.O. Box NOT acceptable

Jacksonville, FL 32217

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

Stephanie Royal/President

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.



Signature of Registered Agent

March 8, 2012

Date

If signing on behalf of an entity:

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

CR2E045 (8/05)

RECEIVED
FEBRUARY 27 2012
TALLAHASSEE, FLORIDA

12 MAR 21 PM 2:23

FILED