P91000003979

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	1
(0	Document Number)	
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2019 JAN 10 PH 4: 55





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 0	1/09/2019	
	Marisa Kugelmann	
Reference #:	1034735	_ _ _
Entity Name:	WORKFORC	E ALTERNATIVE, INC.
Articles	of Incorporation/Authorizati	on to Transact Business
Amendn	nent	2019 70 (2019
✓ Change	of Agent	CAN LAN
Reinstat	ement	AFTY AFTY
Convers	iion	
Merger		
Dissolut	ion/Withdrawal	
Fictitious	s Name	
Other_		
Authorized Amo	ount: \$35.00	
Signature: \sum	aussky	

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

		registered agent, or both, in the S		
1. The name of t	he corporation: WORKFOF	RCE ALTERNATIVE, IN	<u>C.</u>	
2. The principal	office address:			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 01/14/	1997 Document number:	P97000003979	
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office o resigned)	n file with the	
	MAYO	ITE, TERRY		
	2054 VISTA PARKWAY STE 300 学祭 營			
	WEST PALM	BEACH, FL 33411	JAN 10	
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or regis	tered officers	
	115 North Calhoun	•		
		30x NOI acceptable		
	Tallahassee, FL 3	32301		
The street addre	ss of its registered office and the be identical.	street address of the business off	ice of its registered ago	
Such change wa authorized by th	s authorized by resolution duly a se board, or the corporation has b	dopted by its board of directors o een notified in writing of the chai	r by an officer so ige.	
	erry Mayotte	Terry Mayotte	CFO and Secretary	
Lhereby accept Ljurther agree t performance of agent. Or, if the	the appointment as registered ag o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capac all statutes relative to the proper c and accept the obligation of my to reflect a change in the regisier	rity. ind complete position as registered	
hereby confirm				
/s/ Ti	m Mayville	1/9/2019		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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

Typed or Printed Name