## 710087

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Casalloso Ellary Malloy			
(Document Number)			
Certified Copies Certificates of Status			
Consideration to Filling Officer			
Special Instructions to Filing Officer:			
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ADR 2/2/06

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Florida A.G.C. Council, Inc. (Name of Corporati	on)		
DOCUMENT NUMBER: 710087			
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.		
Please return all correspondence concerning this matter to the f	ollowing:		
Warren Husband			
(Name of Contact Pe	rson)		
Metz, Husband & Daughton, P.A. (Firm/Company)	<del>,</del>		
P.O. Box 10909 (Address)			
Tallahassee, FL 32302			
(City/State and Zip C	ode)		
For further information concerning this matter, please call:			
Warren Husband at (Name of Contact Person) at (	350 ) 205-9000 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

statement of change is submitted	d for a corporation organi	2, 607.1508, or 617.1508, Florida $S$ ized under the laws of the State of $\_$	Florida
in order to change its i	registered office or registe	red agent, or both, in the State of Fl	lorida.
1. The name of the corporation:			
2. The principal office address:	215 S. Monroe St., Suite	505, Tallahassee, FL 32301	
3. The mailing address (if differ	ent): P.O. Box 10909, Ta	allahassee, FL 32302	
4. Date of incorporation/qualific	cation: 12/21/1965	Document number: 710087	
5. The name and street address of Florida Department of State:	of the current registered ag	gent and registered office on file with	h the
Allen Dougla	as		TASE OF THE
1395 Shotg	un Rd.		題の二
Sunrise, FL	33326		2 Pt
6. The name and street address (if changed):	of the new registered agen	t (if changed) and /or registered offi	6FEB-2 PHIZ: 11
Warren Hus	sband		<del>,</del>
215 S. Mon	roe St., Suite 505		
	(P.O. Box NOT acceptable)		
Tallahassee	e, FL 32302		
Such change was authorized by authorized by the board, or the	y resolution duly adopted corporation has been not rector)	by its board of directors or by an elifted in writing of the change.  Corsult (Printed or typed name and to	officer so
I hereby accept the appointmer I further agree to comply with a of my duties, and I am familiar document is being filed merely corporation has been notified it	nt as registered agent and the provisions of all statu with\and accept the obli- to refledt a change in the in writing of this change.	l agree to act in this capacity, tes relative to the proper and com gation of my position as registered registered office address, I hereb	plete performance l agent. Or, if this y confirm that the
(Signature of Registered	Agent)	01/31/2006 (Date)	ź
If signing on behalf of an entity	γ:		
(Typed or Printed Nam	ne)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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