

(((H12000125962 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION, INC.

Certificate of Status	0
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TO:

Amendment Section

COVER LETTER

Division of Corpo	rations		
subject: Fireh	ouse Subs Public Sa Name of C	efety Foundation, I	nc.
DOCUMENT NUMBER	.: N05	000009172	
The enclosed Statement of	f Change of Registered Offic	e/Agent and fee are submi	itted for filing.
Please return all correspon	dence concerning this matte	r to the following:	
	Amber !	Ragland	
	Name of Co	ntact Person	
	InCorp Se Firm/Ci	rvices, Inc.	
	FIIII/C	эшрацу	
	2360 Corporate	Circle, Suite 400	
	Add	ress	
		NV 89074	
	City/State ar	id Zip Code	
	managedcompliand	ce@incorp.com	
E-mai	l address: (to be used for f		<u>fication)</u>
For further information co	ncerning this matter, please o	all:	
Amber Ragland on beh	alf of Incorp Services, In	c. _{at (} 702 ₎	866-2500 me Telephone Number
Name of C	ontact Person	Area Code & Dayti	me Telephone Number
Inclosed is a \$35.00 check	made payable to the Depart	ment of State,	

Malling 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

CR2E045 (8/05)

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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: Firehouse Subs Public Safety Foundation, Inc. 2. The principal office address: 3400-8 KORI RD JACKSONVILLE FL 32257 US
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/07/2005 Document number: N05000009172
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)
JONATHAN L HAY
1548 LANCASTER TERRACE
JACKSONVILLE FL 32204 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Incorp Services, Inc.
17888 67th Court North
P.O. Box NOT acceptable Loxahatchee, FL 33470
The street address of its registered office and the street address of the business office of its registered agents 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.
Ruliaxletur Robin Peters Executive Director Signature of an oblicer or director Printed or typed name and bills
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 duttes, 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.
Self 05/07/2012
Signature of Registered Agent If signing on behalf of an entity:
Amber Ragland on behalf of Incorp Services, Inc. Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314

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