N110000004370

Office Use Only



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C. LEWIS SEP 18 2013 EXAMBINER

AMY J. GAĽLOWAÝ, P.A.

Victoria Park Centre
1401 East Broward Boulevard
Suite 206
Fort Lauderdale, FL 33301
Tel. 954.315.4887
Fax 954.762.2554
amyjgalloway@gmail.com

September 4, 2013

Division of Corporations
Registration/Amendment Section
Post Office Box 6327
Tallahassee, FL 32314

Re: Registered Agent/Registered Office Change of Address

Dear Sir/Madam:

Enclosed herewith you will find Check No. 005384, in the amount of \$25.00 payable to The Department of State, Division of Corporations, along with a Change of Address cover letter form for 1st Street Agency, LLC.

You will also find enclosed Check No. 005378, in the amount of \$290.00 payable to the Department of State, and Change of Address cover letter forms for the following:

- 1) BIPT, INC.
- 2) MacNeill Group, Inc.
- Focus Insurance Corp.
- 4) The Focus Foundation, Inc.
- Focus Finance, LLC
- 6) Focus Claim Managers, LLC
- 7) Focus Holdings, LLC
- 8) Focus Insurance Services, LLC
- 9) Focus Technologies, LLC
- 10) Focus Real Estate Development, LLC

Please do not hesitate to contact our office if you have any questions or comments. Thank you.

to Amy J. Galloway, P.A.

Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: THE FOCUS FOUNDATION, INC.

Name of Corporation

DOCUMENT NUMBER: N11000004370

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:

AMY J. GALLOWAY

Name of Contact Person

AMY J. GALLOWAY, P.A.

Firm/Company

1401 East Broward Blvd., Suite 206

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

amyjgalloway@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy J. Galloway

,,954 ∖315

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of	
•	or to change its registered office or registered agent, or both, in the State of	
1. The name of t	the corporation: THE FOCUS FOUNDATION, INC.	
2. The principal	office address: 1300 Sawgrass Corporate Parkway, Suite 300,	Sunrise, FL 33323
3. The mailing a	address (if different): Post Office Box 451479, Sunrise, FL 33	3345-1479
4. Date of incorp	poration/qualification: 12/27/2006 Document number: N110	00004370
	d street address of the current registered agent and registered office on file writnent of State: (If resigned, enter resigned)	vith the
	Amy J. Galloway	_
	110 SE 6th Street, Suite 1500	_
	Fort Lauderdale, FL 33301	- में हुं
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered o	SEP -5 T
	Amy J. Galloway	
	1401 East Broward Blvd., Suite 206	ුිලු ශ
	P.O. Box NOT acceptable	27
	Fort Lauderdale, FL 33301	-
The street address changed will	ess of its registered office and the street address of the business office of i be identical.	ts registered agent,
Such change wa	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer so
Signatu	re of an office or director Printed or typed name and to	27Y
	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and coming with a suites, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered offithat the corporation has been notified in writing of this change.	mplete n as registered ce address, I
Sig	Inature of Registered Agent 9-3-13 Date	
	chalf of an entity:	
Т	yped 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 (03/12)