## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE FLSUB-34, INC.

Certificate of Status Certified Copy 0 02 Page Count Estimated Charge \$35.00

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

	der to change its registered office or reg	sistered agent, or both, in the State	e of Florida.
1. The name o	f the corporation: FLSUB-34, INC.	<del></del>	
2. The princip	al office address:		
- <u> </u>			
). The malling	address (if different):		
. Date of ince	prporation/qualification: 10/17/2002	Document number: P02	000112327
S. The name a	nd street address of the current registere artment of State: (If resigned, enter resi	ed agent and registered office on fi	• • • • • • • • • • • • • • • • • • • •
	CORPORATION SERVICE COMPAN	<b>1Y</b>	A DEF
	1201 HAYS STREET TALLAHASSES	B. FL 32301	
	<del></del>		
		<del></del>	
i. The name a (if changed)	nd street address of the new registered a	ngent (if changed) and /or registere	sd office SEE, FI
	C T Corporation System		STA 3:
	c/o C T Corporation System, 1200 Sout	th Pine Island Road	
		NOT acceptable	<del>-</del>
	Plantation, Florida 33324	<del></del>	
	ress of its registered office and the strell be identical.  was gutherized by resolution duly adoptine done or the corporation has been		
Signi	NACE OF AN OTHER OF GIVECTOR	Printed or typed name a	and title .
hereby acce further agre- performance, igent. Or, if iereby confin	whe appointment as registered agent for comply with the provisions of all s of my dulies, and I am familiar with an his document is being filed merely to r a that the corporation has been notifie	and agree to act in this capacity tatutes relative to the proper and a accept the obligation of my pos reflect a change in the registered at in writing of this change.	complete sillori as registered office address, I
By: イーソル	10000	10/16/2013	<u> </u>
	Ignature of Registered Agent Kristin Bold schalf of an entity Assistant Sec		

\* \* \* 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)