Division of Corporation

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

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

REGISTERED AGENT CHANGE FOX TOWN HOLDCO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

Division o	or Corporations	
SUBJECT:	Fox Town Hole	ico, Inc.
	Name of C	orporation
DOCUMENT NU	MBER:	287785
The enclosed State	ment of Change of Registered Office	/Agent and fee are submitted for filing.
Please return all co	arrespondence concerning this matter	to the following:
	Name of Con	fact Person
	Firm/Co	ripany
	Adon	
,		
	City/State and	Zip Code
		•
-	Sandy wallaw O for full E-mail address: (to be used for full	ture annual report notification)
For further informat	tion concurning this matter, please ca	N:
Nam	c of Contact Person	at () Area Code & Daytime Telephone Number
1400	e di Commit Lemani	Area Code & Daytime Telephone Author
Enclosed is a \$35.00	check made payable to the Departm	ent of State.
	Malling Address: Amendment Section	Street Address: Amendment Section
	Amendment Section Division of Corporations	
	P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
•	•	Tallahassee, FL 32301

CR2E045 (8/05)

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TO:

Amendment Section

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

statement of ch	ange is submitted for a	corporation organization	607.1508. or 617.1508. Plorida State of Florida State of	rida	
in ord	er to change its registe	red office or register	ed agent, or both, in the State of Flor	ilda.	
	the corporation: Fox T				
2. The principa	office address:				
10201 W PI	OO BLVD LOS ANGE	ES CA 90035			_
3. The mailing	eddress (if different):_				
	900 ATTN: TAX DEPT				
4. Date of incom	poration/qualification:	12/14/64	Document number:	28778342 5	2
5. The name an		ourrent registered age	nt and registered office on file with t	he 🛓	DEC -3
	Corporation Service C			Eng.	AH IO:
	1201 HAYS STREET	TALLAHASSEB FL	32301-2525 US	85	945
6. The name and (if changed):	i street address of the n	ew registered agent (if changed) and /or registered office	A	σ
	CT Corporation Syste	m			
	c/o C T Corporation Sy	ystem, 1200 South Pine	e Island Road		
		P.O. Box NOT ac	copiable		
	Plantation, Florida 333	24			
•			dress of the business office of its re		
Such change was authorized by the	a authorized by resolute board, or the corpor	ition duly adopted by ation has been notifi	y its board of directors or by an officed in writing of the change.	da 150i	
All.	140		Mark Eppley, Vice Preside	ent	
Signatur	of un officer by director		Printed or typed same and title		,
l hereby accept further agree to of my duties, an accument is bein corporation has	the appointment as re o comply with the pro i I am familiar with a ng filed merely to refle been notified in writi	gistered agent and a visions of all statutes nd accept the obliga act a change in the m ng of this change.	gree to act in this capacity. I relative to the proper and completion of my position as registered ag egistered office address, I hareby co	te performance rent. Or, if this onfirm that the	
Byr Mars	orporation System		07/20/2009		
(5)81	aturn of Registered Agent		Date	······································	
f signing on bel	alf of an entity:				
Megan C). Ware				
Assistants	SCHOLLEN 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
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