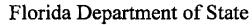
12/21/2010 10:08 FAX Division of Corporations

20001/0002 Page 1 of 1



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Account Number : 071250001512

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(305) 789-9200 (305) 789-9201

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REGISTERED AGENT CHANGE FORT LAUDERDALE WHOLESALE CENTER, INC.

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Corporate Filing Menu

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Suage is submitted for a corporation organized under the laws of the State of $\frac{F}{F}$	lorida
in orde	er to change its registered office or registered agent, or both, in the State of Flo	vi da.
	the corporation: Fort Lauderdale Wholesale Center, Inc.	····
2. The principal	office address: 4605 NE 38th Avenue, Ocala, FL 34479	,
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 12/27/72 Document number:	415389
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with rtruent of State: (If resigned, enter resigned)	
	Resigned - William E. Myers	B
	4605 NE 36th Avenue	THE TOTAL PROPERTY OF THE PARTY
	Ocala, FL 34479	超るし
6. The name and (if changed):	d street address of the new registered agent (if changed) and for registered office	TALLAHASSEE FLORI
	Samantha Fitzgerald	50 5 73
	100 SE Third Avenue, Suite 2100	REFE
	F.O Box NOT acceptable Fort Lauderdale, FL 33394	
The street odds	View of the second seco	
· -	ses of its registered office and the street address of the business office of its be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer so
A Jaffert	Sylvia F. Clements, D. Re of an officer or duractor Trimed or byged marrie and bild.	<u>lrector</u>
I hereby accept I further agree of my duties, an document is be corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all standes relative to the proper and complet I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby to been notified in priting of this change.	
<u>xama</u>	Mildly of Registered Agent Data	
If signing on be	half of an entity:	
	yped or Printed Name	
	* * *.PILING 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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