

415389

Florida Department of State
Division of Corporations
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From: Account Name : FOWLER WHITE BURNETT P.A.
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Phone : (305) 789-9200
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: jolmycorp@myacc.net

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**REGISTERED AGENT CHANGE
FORT LAUDERDALE WHOLESALE CENTER, INC.**

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APR
12/21/10

**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: 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 incorporation/qualification: 12/27/72 Document number: 415389
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)

Resigned - William E. Myers

4605 NE 36th Avenue

Ocala, FL 34479

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Samantha Fitzgerald

100 SE Third Avenue, Suite 2100

P.O. Box NOT acceptable

Fort Lauderdale, FL 33394

The street address of its registered office and the street address of the business office of its registered agent, 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.

Sylvia F. Clements
Signature of an officer or director

Sylvia F. Clements, Director
Printed or typed name and title

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 duties, 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.

Samantha Fitzgerald
Signature of Registered Agent

12-17-10
Date

If signing on behalf of an entity:

Typed or Printed Name

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