Division of Comoratons

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000010062 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone

: (850)878-5926 Fax Number

REGISTERED AGENT CHANGE

TERRICK INC. OF FLORIDA

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

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

8202224912

1/14/2008 01/14/5008 11:42

CI CORP

FILED

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

	•	7.0302, 607.1308, or 617.1308, Florid	
		on organized under the laws of the State	
Florida	in order to change its register	ed office or registered agent, or both, t	in the State
of Florida.	TERRICK INC OF FI	OBIDA	
	the corporation: TERRICK INC. OF FL		
2. The principal	office address: SWAN LAKE VILLAC	JE, 620 - S7TH AVENUE W	
	BRADENTON FL 3420	07 US	
3. The mailing a	ddress (if different): 9001 S CICERO	AVB, #311	
<u> </u>	OAK LAWN IL	60453 US	
4. Date of incom	poration/qualification: 04/11/1974	Document number: 450211	
	i street address of the current register riment of State: QUINLAN	ed agent and registered office on file wi	EURETAR
_	601 12TH S	T WEST	EE O
•	BRADENTON	PL 34205 US	FF S
6. The name an changed):	d street address of the new register	ed agent (if changed) and /or registere	rd of Sec. (it
	C T Corporati	ion System	
	c/o C T Corpan	ation System	•
	(P.O. Box or personal mail		
-	1200 South Pine Island Road	·	
•		eet address of the business office of its	
Such change wa authorized by the	as authorized by resolution duly ador to board, or the corporation has been	pted by its board of directors or by an o i notified in writing of the change.	officer so
(Manietrice of the others	challman of vice challman of the board	Ricarda Rashinski, Secreta	iry
I hereby accept I further agree i performance of registered agen office address, I		t and agree to act in this capacity, natutes relative to the proper and com, nd accept the obligation of my position i merely to reflect a change in the regis n has been notified in writing of this ch	plete as tered tange.
By: Bunel	the Manue	1/11/08	
If signing on behal	ladette McNamara	(Capacity)	· .
AS	sistant Secretary * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. SOX 6327, TALLAHASSER, FL 32314

FLOOS - JOYNANS C'T Symbol Oction