

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 : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

Enter 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 FCCI SERVICES, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: FCCI SERVICES, INC.				
Name of Corporation				
DOCUMENT NUMBER: 625617				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jaclyn Wright				
Name of Contact Person				
Registered Agent Solutions, Inc.				
Firm/Company				
1701 Directors Blvd, Ste 300				
Address				
Austin, TX 78744				
City/State and Zip Code				
lpike@fcci-group.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jaclyn Wright888,705-7274				
Jaclyn Wright Name of Contact Person Name of Contact Person Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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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 nge is submitted for a corporation organ	ized under the laws of the State of	Florida	
	r to change its registered office or registe	-	riorida,	
1. The name of t	he corporation: FCCI SERVICES, I	110.		
2. The principal	office address: 6300 UNIVERSITY	PARKWAY, SARASOTA,	FL 34240	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 06/13/1979	Document number: 62561	7	
	street address of the current registered ag tment of State: (If resigned, enter resigned	-	ith the	
	KOVAL, THOMAS A		~	
	6300 UNIVERSITY PARKWAY SARASOTA, FL 34240		FIL 2018 OCT 23 SECRE FAR TALLAH	
6. The name and (if changed):	I street address of the new registered agen			
	Registered Agent Solutions, I	nc.	. – ≥	
	155 Office Plaza Dr., Suite A		· 🛱 🗴	
	Tallahassee, FL 32301	acceptable		
The street addre	ess of its registered office and the street a be identical.	address of the business office of it	s registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted to board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so	
1st Christ		Christina Welch	Corporate Secretary	
Signature of an officer or director 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. 10/23/2018				
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Justine Karn	ell - Assistant Secretary			
Ty	ped or Printed Name	C. 625 00 4 4 4		

* * * FILING FEE: \$35.00 * * *