F00000005601

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
, (Do	cument Number)	
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Certified Copies	_ Certificates	of Status
	Ellis - Office	
Special Instructions to I	Filing Officer:	
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05/24/07--01020--012 **25.00

06/28/07--01003--011 **10.00



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2007

Corbett Lenz First Out Corporation 6555 N. Powerline Road #408 Fort Lauderdale, FL 33309

SUBJECT: FIRST OUT CORPORATION

Ref. Number: F00000005601

We have received your document for FIRST OUT CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Letter Number: 807A00038291

Susan Payne Senior Section Administrator

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

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Susan Payne Senior Section Administrator

Letter Number: 807A00038291

COVER LETTER

Division of Corporations	
SUBJECT: First Out Corporation (Name of Corporation)	rporation)
DOCUMENT NUMBER: F00000005601	<u></u> .
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
, ,	Č
Stacie Daley	
(Name of Cont	act Person)
First Out Corpora	tion
(Firm/Con	npany)
6555 N. Powerline	Rd. S408
(Addre	ess)
Et Laudawdala E	. 22200
Ft. Lauderdale, F	
` •	•
For further information concerning this matter, please ca	II:
Stacie Daley	at (954) 202–9990
(Name of Contact Person)	at (954) 202-9990 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departm	nent of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
·	Tallahassee, FL 32301

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Delawage to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: First Out Corporation
2. The principal of	office address: 6555 N Powerline Rd. Suite 408, Fort Lauderdale,
FL 33309	
3. The mailing ad	ldress (if different):
4. Date of incorpo	oration/qualification: 10/03/00 Document number: F00000005601
5. The name and Florida Departs	street address of the current registered agent and registered office on file with the ment of State:
-	Stacie Daley
	6555 N. Powerline Rd. #408
	Fort Lauderdale, FL 33309
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Corbett Lenz
	6555 N. Powerline Rd. #408 (P.O. Box NOT acceptable)
	Ft. Lauderdale, FL 33309
The street addres as changed will l	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board of the corporation has been notified in writing of the change.
(Siefestur	re of an officer or director (Printed or typed name and title)
I hereby accept in I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
(Sign	nature of Registered Agent) (Date)
	half of an entity:
Con	voed or Printed Name)

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