

Florida Department of State
Division of Corporations
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To: Division of Corporations
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**REGISTERED AGENT CHANGE
FIRST CAPITAL SURETY & TRUST COMPANY**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIRST CAPITAL SURETY & TRUST COMPANY

Name of Corporation

DOCUMENT NUMBER: F02000003696

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:

Erica Dresdow

Name of Contact Person

FIRST CAPITAL SURETY & TRUST COMPANY

Firm/Company

230 W. Wells St Suite 402

Address

Milwaukee, WI 53203

City/State and Zip Code

EDresdow@firstcapitalsurety.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica Dresdow

Name of Contact Person

at (800) 521-2359
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

CR2E045 (03/12)

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 South Dakota in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FIRST CAPITAL SURETY & TRUST COMPANY
2. The principal office address: 230 W. WELLS ST. STE. 402 MILWAUKEE, WI 53203
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/18/2002 Document number: F02000003696
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)

ROBINS, CORY SESQ.

SHERIDAN HILLS PROFESSIONAL PLAZA

4030 C SHERIDAN STREET HOLLYWOOD, FL 33021

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

National Registered Agents, Inc.

c/o National Registered Agents, Inc. 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.


Signature of an officer or director

Erica Dresden Trust Officer
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.

By: Connie Bryan 02/26/2016
Registered Agent Date

If signing on behalf of an entity:

Nicole Chouinard

Typed or Printed Name

*** FILING 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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