

F04000002310

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain original filing
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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: _____

**REGISTERED AGENT CHANGE
FIRST FRANCHISE CAPITAL CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$35.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

10 MAR 11 PM 1:45

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LA to ch



March 11, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FIRST FRANCHISE CAPITAL CORPORATION
ONE MAYNARD DRIVE
PARK RIDGE, NJ 07656

SUBJECT: FIRST FRANCHISE CAPITAL CORPORATION
REF: F04000002310

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Irene Albritton
Regulatory Specialist II

FAX Aud. #: H10000055893
Letter Number: 710A00006108

RE-SUBMIT

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RECEIVED
2010 MAR 11 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Franchise Capital Corporation
Name of Corporation

DOCUMENT NUMBER: _____

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

billie.mccants@bankfirst.com

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

For further information concerning this matter, please call:

Name of Contact Person

at _____

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 (8/05)

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

1. The name of the corporation: First Franchise Capital Corporation
2. The principal office address: _____
One Maynard Drive Park Ridge, NJ 07656
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/28/04 Document number: P04000002310

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)

Corporation Service Company
1201 Naya Street Tallahassee FL 32301-2525

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

C T Corporation System
c/o C T Corporation System, 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

John Rinaldi, President
Name of 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.

By: Rebecca Barth
C T Corporation System
Signature of Registered Agent

03/11/2010

Date

If signing on behalf of an entity:

Assistant Secretary
Rebecca Barth

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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