F0600000324

(Re	questor's Name)			
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(Cit	:y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
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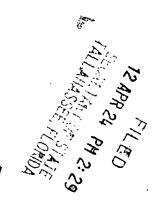


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DEPLACED OF STATE OF COMPORATIONS
OF TALLAMASSES, FLORIDA

'APR 2 4 2012 -C. MUSTAIN







CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 164254

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: April 10, 2012

ORDER TIME : 11:58 AM

ORDER NO. : 164254-020

CUSTOMER NO: 7881357

CHANGE OF AGENT

NAME: FIRST CLASS CONCESSIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of change is	sions of sections 607.0502, 617.0502, s submitted for a corporation organiz hange its registered office or register	zed under the laws of the State of $\frac{C_8}{C_8}$	llifornia	
	orporation: FIRST CLASS CONC			
2. The principal office	e address: 17261 Reflections Circl	le, San Diego CA 92127		
3. The mailing address	s (if different): PMB 23 PO Box 50	010, Rancho Santa Fe CA 92067	7	
4. Date of incorporation	on/qualification: 01/18/2006	Document number: F0600000	0324	
5. The name and stree Florida Department	et address of the current registered age t of State:	ent and registered office on file with	the LAPR	
CT (Corporation System		SSE SSE	
1200	1200 South Pine Island Road			
Plan	Plantation FL 33324			
6. The name and street (if changed):	t address of the new registered agent	(if changed) and /or registered office	;	
Corp	poration Service Company			
1201	l Hays Street			
	(P.O. Box NOT acceptable)			
Talla	ahassee, FL 32301			
The street address of it as changed will be ide	its registered office and the street acentical.	ddress of the business office of its r	egistered agent,	
Such change was authauthorized by the boa	norized by resolution duly adopted burd, or the corporation has been noting			
Signature of an	officer or effector)	Maureen Cathell, Vice Presiden		
I hereby accept the ap I further agree to com of my duties, and I am document is being file	oppointment as registered agent and apply with the provisions of all statute in familiar with and accept the obligation of the control of the		•	
By: Sycu		04/20/2012		
Asignature & If signing on behalf of	Registered Agent) f an entity:	(Date)		
Sylvia Queppet, Ass	·			
	Printed Name)			
(-Jpau or	_ 			

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