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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

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Federated Capital Corporation

Name of Corporation

DOCUMENT NUMBER: F06000001372

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:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Margot Mullin

,,000

705-7274

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

O 05/24/2019 9:30 AM

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

Pursuant to the	provisions of sections 607.0502, 617.0	0502, 607.1508, or 6	17.1508, Floria	la Statutes, this	
•	inge is submitted for a corporation or	••	<u>=</u>		
in orde	er to change its registered office or reg	gistered agent, or bot	h, in the State o	f Florida.	
	the corporation: Federated Ca				
2. The principal	office address: 30955 NORTHWES	STERN HWY, FARM	AINGTON HIL	.LS, MI 48334	-2580
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 3/3/2006	Document i	number: F06	0000013	72
	d street address of the current registere		d office on file	with the	
	rtment of State: (If resigned, enter resi				
	CORPORATION S	ERVICE CO	'NA9MC	Y	
	1201 HAYS STREET			_	
	TALLAHASSEE	FL	32301		
					ŝ
	I street address of the new registered a	agent (if changed) and	d /or registered	office	<u>.</u> .
(if changed):				:	- 4
	Registered Agent Solution	s, Inc.			eninti. V 2h
	155 Office Plaza Dr., Suite	: A		•	平
	P.O. Box	NOT acceptable			<u>مد</u>
	Tallahassee, FL 32301			<u>.</u>	
The street address changed will	ess of its registered office and the street be identical.	ect address of the bus	siness office of	its registered	_
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	oted by its board of d notified in writing o	irectors or by a of the change.	n officer so	
151 Laura		Laura Elg		Secreta	ary
	ire of an officer or director		d or typed name and 	titic	
l further aeree .	the appointment as registered agent to comply with the provisions of all s	tatutes relative to the	e proper and co	omplete	,
agent. Or, if th	my duties, and I am familiar with an is document is being filed merely to r	reflect a change in th	ie registered of	on as registere fice address, l	ea
nereby conjirm	that the corporation has been notific	rd in writing of this c	nange,		
		05/23/201	19		
_	nature of Registered Agent		Date		
	half of an entity:				
	nell - Assistant Secretary				
J.	yped or Printed Name				