# F0600000004465

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#### COVER LETTER

TO:

Amendment Section Division of Corporations

## SUBJECT: First Communities Management, Inc

Name of Corporation

DOCUMENT NUMBER: F06000004465

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:

#### **Andrea Anderson**

Name of Contact Person

First Communities Management, Inc.

Firm/Company

1200 Lake Hearn Dr. NE, Ste 200

Address

Atlanta, GA 30319

City/State and Zip Code

### aanderson@firstcommunities.com

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

For further information concerning this matter, please call:

Andrea Anderson

,404

252-8900

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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Georgia to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: First Communities Management, Incorporated
2. The principal Atlanta, G	office address: 1200 Lake Hearn Dr., N.E., Suite 200
3. The mailing a	ddress (if different):_same as above
4. Date of incorp	poration/qualification: 6/28/2006 Document number: F06000004465
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	CT Corporation
	1200 South Pine Island Rd.
	Plantation, FL. 33324
6. The name and (if changed):	Plantation, FL. 33324  I street address of the new registered agent (if changed) and /or registered office.
	Shannon Potter  12101 Fountainbrook Blvd
	12101 Fountainbrook Blvd.
	P.O. Box NOT acceptable  Orlando, FL. 32825
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the forporation has been notified in writing of the change.
Signatu	W.Mitcham Harrison/COO Printed or typed name and title
performance of apent. Or. if the	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Mun	nature of Registered Agent  7 19 114  Date
If signing on be	half of an entity:
Shannon P	otter
T	yped or Printed Name

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