## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Fax Number

Phone : (850)205-8842 : (850)878-5368

\*\*Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please. \*\*

Email Address:

## REGISTERED AGENT CHANGE THE WILLIAM FALL GROUP, INC.

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

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Corporate Filing Menu

Help

8/19/2015 11:01:46 AM From: To: 8506176380( 2/3 )

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	THE WILLIAM FALL GROUP, INC.	
	Name of Corporation	
DOC	F07000005330 CUMENT NUMBER:	
The e	enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	ling.
Please	se return all correspondence concerning this matter to the following:	
	Name of Contact Person	
	Firm/Company	
	Address	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	urther information concerning this matter, please call:	
	Name of Contact Person at (	hone Number
Enclo	osed is a \$35.00 check made payable to the Department of State.	
	Mailing Address:  Amendment Section  Division of Corporations  Street Address:  Amendment Section  Division of Corporation	ns

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

P.O. Box 6327 Tallahassee, FL 32314

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

statement of	f change is submitted for a corporation organized under	the laws of the State of Ohio	<del></del>
	order to change its registered office or registered agent, e of the corporation: THE WILLIAM FALL GROUP, INC.		
	cipal office address: 300 MADISON AVE, STE 900, TOLB		
3. The mailin	ing address (if different):		
4. Date of inc	ncorporation/qualification: 10/26/2007 Docu	ment number: F07000005330	
5. The name a Florida De	e and street address of the current registered agent and re- department of State: (If resigned, enter resigned)	gistered office on file with the	
	NATIONAL CORPORATE RESEARCH, L'TD., INC.		
	115 North Calhoun St., Suite 4		
	Tallahassee, FL 32301	7.0	22 15
6. The name a	e and street address of the new registered agent (if changed):	ed) and /or registered office	AUG 19 AM 10: 4:
	C T Corporation System		= (
	c/o C T Corporation System, 1200 South Pine Island Ro	pad O	<u> </u>
	P.O. Box NOT acceptable	RE PER	46
	Plantation, Plorida 33324		
The street add as changed w	ddress of its registered office and the street address of t will be identical.	the business office of its registered ag	ent,
Such change authorized by	e was authorized by resolution duly adopted by its boar by the board, or the corporation has been notified in wri	d of directors or by an officer so lting of the change.	
	416 JOAN	Tolosa VP	
14	majure of an officer or director	Printed or typed name and title	_
I further agre performance agent. Or, if hereby confir	cept the appoiniment as registered agent and agree to a ree to comply with the provisions of all statutes relative e of my duties, and I am familiar with and accept the ol if this document is being filed merely to reflect a chang irm that the corporation has been notified in writing of	er in inis capacity I to the proper and complete bilgation of my position as registered e in the registered office address, I this change.	ı
	Corporation System	8/5/2015	
	Signature of Registered Agent	Date	_
If signing on	n behalf of an entity:  Joseph Tamimi Assistant Secretary		
	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 CR2E045 (03/12)