

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850) 205-8842

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future mainual report mailings. Enter only one email address please. ς.

Email Address:

REGISTERED AGENT CHANGE FTD.COM INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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MAY 2 8 2015 T CANNON

https://efile.sunbiz.org/scripts/efilcovr.exe

5/27/2015

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: FTD.COM INC.	Corporation		
	Name of C	Corporation		
DOCI	JMENT NUMBER:			
The er	nclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matt	er 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 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.				
	Malling Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

CR2E045 (03/12)

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

statement of cha	ange is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Delaware	_
		red agent, or both, in the State of Florida.	
1. The name of	the corporation: FTD.COM INC.		
2. The principal	office address: 3113 WOODCREEK DR		
			
4. Date of incor	poration/qualification: 10/16/2008	Document number: F08000004497	
	d street address of the current registered apriment of State: (If resigned, enter resigned		
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		15 H
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		IS MAY 27	
	C T Corporation System		
	c/o C T Corporation System, 1200 South Pi	inc Island Road	: 50
P.O. Box NOT acceptable		acceptable	50 50
	Plantation, Florida 33324		
The street addr	ess of its registered office and the street a be identical.	address of the business office of its registered ag	ent.
Such change wanthorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
_ Usch	d McCool	Nichal McCroy	- -
		Printed or typed name and title I agree to act in this capacity tiles relative to the proper and complete ccept the obligation of my position as registered act a change in the registered office address, I writing of this change.	
	poration System KWA-Byll	5/20/2015	
	mature of Registered Agent	Date	_
	chalf of an entity:		
	stin Bolden tant Secretary		
	yped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

£1.006 - 85/20/2013 Welkers Klawer Online

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