

F/4000003249

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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2018 FEB 20 PM 4:32

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C McNAIR



340 N. Westlake Blvd. | Suite 210 | Westlake Village, CA 91362

2018 FEB 20 PM 4:30

February 14, 2018

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Flagship Enterprises Holdings Inc.

To whom it may concern:

The Enclosed Statement of Change of Registered Office or Registered Agent submitted for filing.

Also, please find enclosed a check for state filing fees in the amount of **\$35.00** made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet, Incorporated
888-449-2638 Ext. 105
aberen@corpnet.com

Toll-Free 888-449-2638
Direct/Int'l. 805-449-2638
Fax: 805-449-2639 • info@corpnet.com

COVER LETTER

2018 FEB 20 PM 4:30

TO: Amendment Section
Division of Corporations

SUBJECT: FLAGSHIP ENTERPRISES HOLDINGS, INC.
Name of Corporation

DOCUMENT NUMBER: F14000003249

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:

Amanda Beren

Name of Contact Person

CorpNet, Incorporated

Firm/Company

340 N. Westlake Blvd. Ste. 210

Address

Westlake Village, CA 91362

City/State and Zip Code

filings@corpnet.com

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

For further information concerning this matter, please call:

Amanda Beren

Name of Contact Person

at (888) 449-2638

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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Flagship Enterprises Holdings Inc.
2. The principal office address: 1050 NORTH FIFTH STREET, SUITE 50
SAN JOSE, CA 95112
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/01/2014 Document number: F14000003249

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.

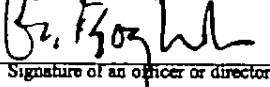
3030 N. Rocky Point Dr. Ste. 150A

P.O. Box NOT acceptable

Tampa, FL 33607

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Greg Bogdanovich, Officer

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

01/25/2018

Date

If signing on behalf of an entity:

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