F9400005029

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DATE:

5/7/18

NAME: FAHLGREN, INC

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Amendment Section Division of Corporations

F94000005029

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:

Katelynn Alexander

Paracorp Incorporated
Firm/Company

2804 Gateway Oaks Dr #100

Sacramento, CA 95833

City/State and Zip Code

kaalexander@myparacorp.com

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

For further information concerning this matter, please call:

Katelynn Alexander
Name of Contact Person

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

	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida		
	ge is submitted for a corporation organized under the laws of the State of		
	to change its registered office or registered agent, or both, in the State of F	'Ioriaa.	
1. The name of the	e corporation: FAHLGREN, INC.		
	ffice address: 200 SW FIRST AVENUE SUITE 950		
	ERDALE, FL 33301		
3. The mailing add	dress (if different): 4030 Easton Station Suite 300		
Columbus	s, OH 43219-7012		
4. Date of incorpor	ration/qualification: 9/28/1994 Document number: F9400	0005029	
	treet address of the current registered agent and registered office on file winnent of State: (If resigned, enter resigned)	th the	
<u> </u>	Northwest Registered Agent, LLC		
3	3030 N Rocky Point Dr Ste 150A		
Ţ	ampa, FL 33607		0
6. The name and st (if changed):	treet address of the new registered agent (if changed) and /or registered off	ice	123
	Paracorp Incorporated	₩ \\	7
	155 Office Plaza Drive, 1st Floor P.O. Box NOT proeptable		9
-	Tallahassee, FL 32301	1	
The street address as changed will be	of its registered office and the street address of the business office of its identical.	registered agent,	
Such change was a authorized by the b	authorized by resolution duly adopted by its board of directors or by an orboard, or the corporation has been notified in writing of the change.	fficer so	
Hom	-Class HC Patter Chai	(MAM	
-	an officer or director Printed or typed name and title		
teriormance of mv	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and comp duties, and I am familiar with and accept the obligation of my position of locument is being filed merely to reflect a change in the registered office at the corporation has been notified in writing of this change.	as reeistered	
The 1	4/20/2018		
Signatur	re of Registered Agent Date		
f signing on behalf	f of an entity:		
Ninh Ho, Assista	or Printed Name		
луреа	* * * 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)