## F96000005339

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FALLAHASSEEL FLORIDA

B.A

TBrawn 1-13-12

## **COVER LETTER**

Division of	Corporations					
SUBJECT:	FLORIDA-CRC	CORP.				
	Name of Corp	poration				
DOCUMENT NU	OCUMENT NUMBER: F9600005339					
The enclosed States	ment of Change of Registered Office/A	agent and fee are submitted for filing.				
Please return all con	rrespondence concerning this matter to	the following:				
	BECKY DI	LLER				
Name of Contact Person						
	QUARLES & BRADY LLP					
	Firm/Comp	pany				
	411 E WISCONSIN					
	Addres	S				
	MILWAUKEE !	WI 53202				
	City/State and 2	Zip Code				
_	David.Fowler@he	enlaw.com				
E-mail address: (to be used for future annual report notification)						
For further information	tion concerning this matter, please call	:				
E	BECKY DILLER	et ( 414 ) 277-5541				
Nam	ne of Contact Person	at ( 414 ) 277-5541 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00	on the characteristics of the department of the Department of the Country of the	ent of State.				
	Mailing Address:	Street Address:				
	Amendment Section	Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

CR2E045 (8/05) QB\15395729.1

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

11 B

statement of cha	inge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of MARYLAND
	the corporation: FLOR		_	
	office address: 1427 C			
		MORE MD 2120		
3. The mailing a	nddress (if different): SA	ME		
4. Date of incorp	poration/qualification:	10/15/1996	Document number:	F96000005339
	d street address of the cur rtment of State: (If resign		nt and registered office on f	ile with the
	NAPLES-LAWDOC	CK, INC.		
	1395 PANTHER LA	ANE, SUITE 30	0	501
	NAPLES FL 34109			2012 JAN SECRET
6. The name and (if changed):	I street address of the nev	v registered agent (i	if changed) and /or register	ed office SSET
	DAVID K. FOWLER	₹	<u> </u>	OF SIG
	c/o HENDERSON,		TARNES & HOLT, P.A	من جديد
	16/8 PERIWINKI E	P.O. Box NOT ac	ceptable B, SANIBEL, FL 3395	7-4406
<u>=</u>	ess of its registered offic be identical.	e and the street ad	dress of the business offic	e of its registered agent,
Such change wa authorized by th	as authorized by resolutine board, or the corporat	on duly adopted b ion has been notifi	y its board of directors or led in writing of the chang	by an officer so
Signatur	re of an officer or director	<u>.                                    </u>	MICHELE A. WILLIA Printed or typed name	AMS, VICE PRESIDENT
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regito comply with the providal am familiar with anding filed merely to reflect to point in writing	stered agent and a sions of all statute I accept the obliga t a change in the r of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
JAN.	KVIV		1/2/12	
	nature of Registered Agent DA	VID K. FOWLER	/ / Date	
T	yped or Printed Name	<u></u>		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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