H66818

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone	<i>⇒#</i>)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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RA Change Thewis 12/05/06--01033--014 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FLORACENTERS, INC. (Name of Corporation)
DOCUMENT NUMBER: H66818
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:
Jill Prost
(Name of Contact Person)
National Service Information, Inc (Firm/Company)
145 Baker St (Address)
Marion, Ohio 43302 (City/State and Zip Code)
For further information concerning this matter, please call:
Jill Prost at (740) 387-6806 xx110 (Name of Contact Person) (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



December 1, 2006

To Whom It May Concern:

Please file the enclosed Change of Agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 110

Sincerely,

Jill Probst.
Corporate Services Department

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FL rochange its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: FLORACENTERS, INC.
2. The principal	office address: 191 W. NATIONWIDE BLVD_SUITE 200 US OH 43215-2568
3. The mailing a	ddress (if different):
	UGG919
4. Date of incorp	poration/qualification: 07/17/1985 Document number: H66818
	street address of the current registered agent and registered office on file with the tment of State:
	C T CORPORATION SYSTEM
	1200 SOUTH PINE ISLAND ROAD
	PLANTATION FL 33324
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	NRAI Services, Inc.
	2731 Executive Park Drive, Suite 4
	(P.O. Box NOT acceptable)
	Weston, FL 33331
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
(Signate	Dow M. Casto III, President (Printed or typed name and title)
	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
Ju (Sie	PIOWA Assistant Socretary 11-30-00 (Date)
V	half of an entity:
Jill Probst	yped 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 (8/05)