10/23/18 09:10AM PDT Registered Agent Solutions 06176380 Pg 1/3

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:		

REGISTERED AGENT CHANGE FCCI AGENCY, INC.

Certificate of Status	U
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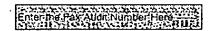
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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:_FCCI AGENCY, INC.

Name of Corporation

DOCUMENT NUMBER: J26737

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:

Jaclyn Wright

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

lpike@fcci-group.com

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

For further information concerning this matter, please call:

Jaclyn Wright

₁888 ₁705-7274

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

CR2E045 (03/12)

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

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida on organized under the laws of the State of or registered agent, or both, in the State of	/ Florida				
1. The name of	the corporation: FCCI AGEN	CY, INC.	_				
2. The principal office address: 6300 UNIVERSITY PARKWAY, SARASOTA, FL 34240							
3. The mailing	address (if different):						
4. Date of incor	rporation/qualification: 08/01/1	Document number: J2673	37				
	d street address of the current regartment of State: (If resigned, ente	gistered agent and registered office on file ver resigned)	with the				
	KOVAL, THOMAS A						
	6300 UNIVERSITY PARK SARASOTA, FL 34240	WAY	_				
6. The name an (if changed):	<u> </u>	ered agent (if changed) and /or registered o	office OCT 23 PM				
	155 Office Plaza Dr., Suite A						
	P.O Tallahassee, FL 32301	. Box NOT acceptable	- 🚅 ·				
The street addr as changed wil	ess of its registered office and th	e street address of the business office of	its registered agent,				
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by ar been notified in writing of the change.	n officer so				
1st Chris	tina Welch	Christina Welch	Corporate Secretary				
I hereby accept I further agree performance of agent. Or, if it hereby confirm	to comply with the provisions of f my duties, and I am familiar wi	Printed or typed name and in gent and agree to act in this capacity. If all statutes relative to the proper and continuous the and accept the obligation of my position by to reflect a change in the registered off of this change. 10/23/2018 Date	mplete on as registered				
	chaft of an entity:						
Justine Karı	nell - Assistant Secretary	<u> </u>					
	Typed or Printed Name						

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