

J71440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

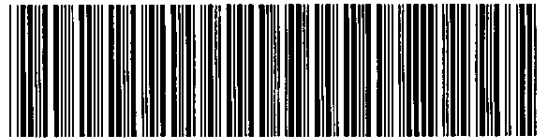
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600261467406

RECEIVED  
DEPARTMENT OF STATE  
14 JUL 11 PM 10:49

FILED  
14 JUL 11 PM 3:29  
PA Chang  
07-14-14  
DC



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 211529 4311863

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : July 10, 2014

ORDER TIME : 5:04 PM

ORDER NO. : 211529-005

CUSTOMER NO: 4311863

CHANGE OF AGENT

NAME: BLICKMAN PROPERTIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62925

EXAMINER: \_\_\_\_\_

**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: BLICKMAN PROPERTIES, INC.
2. The principal office address: 3701 S. Atlantic Avenue, Daytona Beach Shores, Florida 32118
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/06/1987 Document number: J71440
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)

HOOPER, MARILYN ST

3 OCEANS WEST BLVD, 2C7

DAYTONA BEACH SHORES, FL 32118

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

X

*Daniel R. Blickman*

Signature of an officer or director

Daniel R. Blickman

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.*

Corporation Service Company

By: *Emily Gray*

Signature of Registered Agent

7/10/14

Date

If signing on behalf of an entity:

*Emily Gray Asst VP*

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

CR2E045 (03/12)

FILED  
14 JUL 11 PM 3:29

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLICKMAN PROPERTIES, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** J71440

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:

Riki McGettigan

\_\_\_\_\_  
Name of Contact Person

Blank Rome LLP

\_\_\_\_\_  
Firm/Company

One Logan Square, 130 N 18th Street

\_\_\_\_\_  
Address

Philadelphia, PA 19103-6998

\_\_\_\_\_  
City/State and Zip Code

McGettigan@BlankRome.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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