(FAX) livision of Corporations Florida Department of State

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REGISTERED AGENT CHANGE BLACK ROOSTER, INC.

Certificate of Status Certified Copy Page Count Estimated Charge

C. LEWIS

JUL 1 1 2013

**EXAMINER** 

H130001549543

## 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 and 617.1508, Florida Statutes, this Statement of Change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida:

The name of the corporation:

BLACK ROOSTER, INC.

2. The principal office address: 2000 E. EDGEWOOD DR.

**SUITE 102,** 

LAKELAND, FL 33803

- 3. The mailing address (if different):
- 4. Date of incorporation/qualification:

12/29/1988

Document number:

07/09/2013

K84689

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)

> GARY F. RICHARDS 2000 E. EDGEWOOD DRIVE, SUITE 102, LAKELAND, FL 33803

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

> **MARIANNE PARSONS** 2000 E. EDGEWOOD DR. SUITE 102 LAKELAND, FL 33803

P.O. Box NOT acceptable

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.

Marianno Parsons, Vice President gnature of an Officer or Director 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.

If signing on behalf of an entity:

N/A

Typed or Printed Name

Signature of Registered Agent

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA 32314 CRE2E045 (03/12)

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Date

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