8/23/2021



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*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 FIRST NETWORK REALTY, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	provisions of sections 607.0502, 617.0502, age is submitted for a corporation organize	ed under the laws of the State of FL	
	to change its registered office or registere	•	Aa.
	he corporation; FIRST NETWORK REALT		
2. The principal	office address:	****	·
4190 BELFORT	ROAD SUITE 475 JACKSONVILLE, FL 32	216 OF AMERICA, ATTN: LEGAL	222 SOUTH 7TI
3. The mailing a	ddress (if different)STREET, FL 27, M		- 333 300 111 111
	oration/qualification: 3/9/1989		
5. The name and Florida Depart	street address of the current registered age iment of State: (If resigned, enter resigned)	nt and registered office on file with th	ie
	CORPORATION SERVICE COMPANY		76
	1201 HAYS STREET TALLAHASSEE, FL	32301-2525	7021 AUG 23
			16 2
6. The name and (if changed):	street address of the new registered agent (	(if changed) and /or registered office	3 PH 1: 08
	C T Corporation System		08
	1200 South Pine Island Road		
	P.O. Box N	OT acceptable	
	Plantation, Florida 33324		
The street addre	ss of its registered office and the street ad be identical.	dress of the business office of its reg	gistered agent,
Such change wa authorized by the	s authorized by resolution duly adopted be board, or the corporation has been notif	y its board of directors or by an officied in writing of the change.	cer so
Joe.	- dans	Joe Davis Vice President	
.,	e of an officer or director	Printed or typed name and title	
oj my aunes, an document is bei	the appointment as registered agent and o o comply with the provisions of all statute d I am familiar with and accept the oblige ng filed merely to reflect a change in the r been noufied in writing of this change.	agree to act in this capacity. As relative to the proper and complet ution of my position as registered ag registered office address, I hereby co	c performance ent. Or, if this onfirm that the
CT Corporation	<i>a</i> : <i>1</i> -	8/19:2021	
Sign	Stinde of Registered AgenAlfred Young	3n Date	<del></del>
<u>_</u>	half of an entAssistant Secre		
Ty	ped or Printed Name		
	* * * FILING FEE	: \$35.00 * * *	

CR2E045 (04/13)

By: