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		-				
First National Business Corporation 7400 Baymeadows Way, Suite 100 Jacksonville, Florida 32256						
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(City/State/Zip/Phone #)						
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liabili	ty company is:	FirstBiz F	Florida, LLC			
2. The mailing address of the lim				ows Wav. S	uite 100	
	ned hability cor	mpany is				
Jacksonville, Florida 32256						
1/10/05			L0500000245	55		
3. Date of filing/registration in Fl	orida		4. Document nu	ımber		
5. The name of the registered ager Florida Department of State:	_	ered office	address as shown	on the record	is of the	
Knox,	Douglas S.			_		
10151	Deerwood Pa	Name ark Blvd, E	uilding 200	_		
Suite	250; Jacksonv	Address ville, FL 32	256	_		
	City, S	State and Z	p	_		
6. The name and address of the ne	w registered age	ent and/or o	office:			
Knox,	Douglas S					
7400 E	3aymeadows \	lame Way, Suite	100	- 26	() () ()	
Florid	a street address	(P.O. Box	NOT acceptable)	177 -1 76 1711-178 178-178		E E
Jackso	nville	FL 3225	6	67. 41.2	∾ -	28
	City, Sta	ate and Zip			<u> </u>	3
If the limited liability company is a confirmed that after the change or and the business office of the regis liability company, it is hereby contained the members of the limited liability the operating agreement of the limited liability.	changes are ma stered agent will firmed that the c y company or as	de, the Flor l be identication change(s) was otherwise	rida street address	of the registe	hereby ered office limited	of
Carl fruit	<u></u>					
(Signature of a member or authorized represe	ntative of a member))				
Carl Hunter						
(Printed or typed name of signee)						
I hereby accept the appointment a comply with the provisions of all s and I am familiar with and accept Chapter 608, F.S. Or, if this document of the confirm that the	s registered age tatutes relative i the obligations ment is being fil limited liability	ent and agr to the prop of my posit led to mere company h	ee to act in this co er and complete p ion as registered ly reflect a change as been notified i	apacity. I fur performance of agent as prove e in the regist n writing of t	ther agree to finy duties yided for in tered office his change.	to i,

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Signature of Registered Agent)

INHS18(10/99)