10600035686

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Bu	ısiness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		m a	

Office Use Only



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What all



OG MAY 12 PH 4: 00
SECRETARY OF STATE
OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations	
•	
SUBJECT: Flict LLC (Name of Co	rporation)
DOCUMENT NUMBER: L06000035686	
The enclosed Statement of Change of Registered Office.	/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	•
	10 114 15.15 mmg.
David B Edwards	د استیم باشد دیا با استان کامینیا
(Name of Con	tact Person)
Flict. (Firm/Coi	many
(Fillip Col	mpany)
5655 Pinerock Rd.	•
(Addre	ess)
Orlando, Fl 32810	
(City/State and	
For further information concerning this matter, please ca	all:
David Edwards	at (407) 403-5714 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department	nent of State.
والمتابعة والمتابعة المرابعة المرابعة المتابعة والمتابعة المتابعة والمتابعة المتابعة والمتابعة المتابعة والمتابعة المتابعة والمتابعة وال	an and the same supplementation of the same and the same same and the same same same same and the same same same same same same same sam
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

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

in orde	ler to change its registered office or registered agent, of	r both, in the State of Florida.
	fthe corporation: Flict LLC	
The principal	l office address: 5655 Pinerock Rd. Orlando, FL 3	32810
The mailing a	address (if different):	
Date of incorp	rporation/qualification: 04/06/2006 Docum	nent number: L06000035686
	nd street address of the current registered agent and registerent of State:	stered office on file with the
	David B Edwards	
	1020 Regal Pointe Ter #104	
	Lake Mary, Fl 32746	7 0
The name and (if changed):	nd street address of the new registered agent (if changed	and /or registered office
	David B Edwards	SEE P T
	5655 Pinerock Rd.	FLORE OF
	(P.O. Box NOT acceptable)	RED RES
	Orlando, FL 32810	**************************************
ne street addre changed will	ress of its registered office and the street address of the identical.	ne business office of its registered agent,
ich change wa ithorized by tl	vas authorized by resolution duly adopted by its board the board, or the corporation has been notified in write	d of directors or by an officer so ting of the change.
Dard	R Lawrence David B	Edwards (Printed or typed name and title)
	of the appointment as registered agent and agree to a to comply with the provisions of all statutes relative and I am familiar with and accept the obligation of m eing filed merely to reflect a change in the registered as been notified in writing of this change.	` '
Dar F	3 Elm 05/08/2	
· · · · · · · · · · · · · · · · · · ·	Signature of Registered Agent)	(Date)
signing on be	ehalf of an entity:	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)