Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

From:

Account Name : ALLSTATE CORPORATE SERVICES CORE

Account Number : I20040000031

Phone : (800)906-9220

Fax Number

: (800)906-9880

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: Sal@acs123.com

LLC REGISTERED AGENT CHANGE FIVE C'S ASSOCIATES LLC

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Page Count	02
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TYAMINER

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. Nai	me of the limited liability company: FIVE C'S A	SSOCIATES LLC	 _	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 11 SHEA LANE TINTON FALLS NJ 07724 US		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	11 SHEA LANE TINTON FALLS NJ 07724 US	A SECTION AND A	2010 ki
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of States				
	Registered Agent:	Alistate Corporate Services Corp.	> (0	
	Registered Office Address:	653 West 23rd Street, Suite 229 Panama City, FL 32405		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>			
	NEW Registered Agent:	Registered Agent Solutions, Inc.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		155 Office Plaza Dr., Suite A		
		Tallahassee ,FL 3:		
that affice of the control of the co	imited liability company is not organized under the ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	t address of the registered office and ase of a Florida limited liability comp by an affirmative vote of the members	the busines cany, it is s of the limi	ited
	,		•	
Rober (Printed	1 Cannon or typed name of signce)	_		
I herei comply am fan F.S. O confirn	by accept the appointment as registered agent and a with the provisions of all statutes relative to the provision of all statutes relative to the provision with and accept the obligations of my position in this document is being filed to merely reflect a continuous that he timited hability company has been notified	gree to act in this capacity. I further oper and complete performance of my as registered agent as provided for i change in the registered office addres in writing of this change.	agree to duties, and n Chapter 6 s, I hereby	d I 508,
(Signatu	re of Registered Agent)			
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