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(Ac	ldress)			
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(Ci	ty/State/Zip/Phone	e #)		
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OCT - 9 2012

**EXAMINER** 



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SECREGARY OF STATE
ALL AHASSEF FLORIDA

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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.

Name of the limited liability company:	First Call Holdings LLC				
2. (a) Principal office address of limited liability company:					
(Note: MUST BE STREET ADDRESS)	7960 Baymeadows Way, Ste. 100 Jacksonville, FL 32256				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)	7960 Baymeadows Way, Ste. 100  Jacksonville, FL 32256				
August 28, 2009	L09000083535				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:				
Registered Agent:	Brenda McCann				
Registered Office Address:	7948 Baymeadows Way Suite 300 Jacksonville, FL 32256				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:				
<u><b>NEW</b></u> Registered Agent:	Michael D. Harris, Esq.				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1645 Palm Beach Lakes Bwa 5 12th Floor 5 2 3401				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized representative of a member  Analy Carlton	) was/were authorized by an affirmative vote				
Printed or typed name of signee	<del>-</del>				
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the providing I am familiar with and accept the obligations of my polyporer 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

## **COVER LETTER**

10.	Division of Corporations				
SUBJ	JECT:	First Ca	ll Holdings	LLC	
	Name o	of Limited	d Liability Co	ompany	
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registere	ed Office (	Change and f	ee(s) are submitted for filing	<u>3</u> .
Please	e return all correspondence concerni	ing this m	atter to the fo	ollowing:	
	Andy Carlton				
	Name of Person				
	First Call Holdings LL( Firm/Company	<u> </u>			
	7960 Baymeadows Way, St Address	te. 100			
	Jacksonville, FL 3225 City/State and Zip Code	6	<u></u>		
E	acarlton@firstcallholdings	on notification	on)		
For fi	orther information concerning this m	natter, ple	ase call:		
	Michael D. Harris, Esq.	at (	561 )	471-3507	
	Name of Person		Area C	ode & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314	
	Enclosed is a check for the follow	wing amo	ount:		
	\$25 Filing Fee		\$55 Fili	ng Fee & Certified Copy	