

L14000 041525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

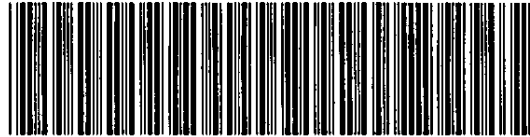
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

APR 27 2016
J SHIVERS

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Florida Department of State

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

April 8, 2016

To Whom It May Concern;

Please find the necessary completed RA Change forms and payment for the following corporations:

Intercomm One, LLC

Intercommercial Enterprises, Inc.

Intercommercial Capital Holdings, LLC

Sunshine Thrift Stores, Inc.

Sunshine Thrift Stores of Tampa, Inc.

Sunshine Thrift Stores of St Pete, Inc.

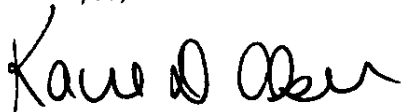
Sunshine Thrift Stores of Bradenton, Inc.

Sunshine Thrift Holdings, Inc.

Collection Services Management, Inc.

Please contact me if any further action is necessary.

Thank you,

A handwritten signature in black ink, appearing to read "Kacie Olsen", written in a cursive style.

Kacie Olsen

Controller

kolsen@sunshinethrift.com

813-831-4377

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Intercomm One, LLC
Name of Corporation

DOCUMENT NUMBER: L14000041525

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Pearson

Name of Contact Person

Intercomm One, LLC

Firm/Company

5017 Tampa West Blvd

Address

Tampa, FL 33634

City/State and Zip Code

cpearson@sunshineprops.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Pearson

Name of Contact Person

at (813) 839-7285

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: Intercomm One, LLC

2. (a) 5017 Tampa West Blvd. (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Tampa, FL 33634 _____

3. 03/12/14 4. L14000041525
Date of filing/registration in Florida Document number

5. (a) Carey Omalley Whitaker and Mueller
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

712 S. Oregon Ave.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33606

(b) Stanley T. Padgett
Enter name of NEW Registered Agent and/or NEW Registered Office address:

201 E. Kennedy Blvd.
NEW Registered Office Address:

Suite 600

Tampa, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Christopher Pearson
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent