Division of Corporations

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(((H190003028183)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120003007 : (702)866-2500 Phone

: (702)866-2689 Fax Number

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

LLC REGISTERED AGENT CHANGE FCC HOLDCO LLC

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COVER LETTER

	Registration Section Division of Corporations	
	FCC HOLDCO LLC	
SUBJE	<u> </u>	imited Liability Company
Dear Sir	or Madam:	
	losed Registered Agent/Registered Office Ch	ange and fee(c) are submitted for filing
Please re	eturn all correspondence concerning this matt	er to the following:
	Vanissa Moon	
	Name of Person	 _
	InCorp Services, Inc.	
	Firm/Company	
	3773 Howard Hughes Pkwy, Sulte 500	· · ·
	Address	-
	Las Vegas, NV 89169-6014	· • • • • • • • • • • • • • • • • • • •
	City/State and Zip Code	
	documents@incorp.com	
E-1	mail address: (to be used for future annual re	port notification)
For furt	her information concerning this matter, please	call:
Vanis	sa Moon for InCorp Services, Inc. at (702) 866-2500
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section Division of Corporations
	Division of Corporations	P.O. Box 6327
	Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
	Tallahassee, Florida 32301	·
	Enclosed is a check for the following amou	nt: .
	2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
DATHS18	(2/14)	

H190003028183

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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 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. N	ame of the limited liability company: FCC HOLDCO	LLC			·		
2. (a)	2248 MEST LAVE MADV OLVE	(b) 3216 WEST LAKE MARY BLVD. Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)					
2. (a)	Principal office address of limited liability company:						
	Lake Mary, FL 32746						
	05/14/2018	<u>L</u>	L18000120059				
3.	Date of filing/registration in Florida	4.	Document n	nuper	2		
5. (a	FOUNTAINHEAD COMMERCIAL CAPITAL LLC				2019 OCT 1		
J. (a		Registered Agent and Registered Office shown on the records of the Plorida Dept. of State:					
	3216 West Lake Mary Blvd.			-			
	·						
	Lake Mary .FT.	32	 746		 		
	ru_				. ပာ		
(b)	InCorp Services, Inc.				_		
(~,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	Lena;				
	17888 67th Court North						
-	NEW Registered Office Address:	,		•			
		<u> </u>	<u>, </u>				
	Loxahatchee , FL	33	470	•			
the ch agent was/v the an	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the laws.	the regist bility cor f the limi limited li	tered office and the bus mpany, it is hereby come ted liability company of ability company. Roese	firmed that or as otherw	e of the registered it the change(s) wise provided in		
	sature of a member or authorized representative of a member		Printed or typ		-		
I her provi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete biligations of my position as registered agent as provided rety reflect a change in the registered office address, I have a change in writing of this change. MIJAR INTERIOR WARRED Vanissa Moon on behalf of			ier agree t am famili this doom iability cor	to comply with the ar with and accept ment is being filed inpany has been		
Signa	ture of Registered Agent	,					

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

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