

L22279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

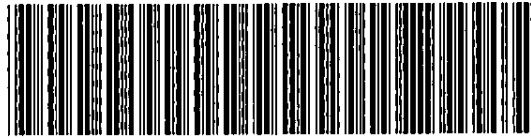
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400244070884

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB 19 PM 2:26

RECEIVED
DEPARTMENT OF STATE
13 FEB 19 PM 1:57

RA/RO/CH8
⑩ 2/19/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 537377 5146433

AUTHORIZATION :

COST LIMIT : \$ 35

A handwritten signature in cursive script, appearing to read "L. J. Coleman", is written over the authorization and cost limit fields.

ORDER DATE : February 18, 2013

ORDER TIME : 8:43 AM

ORDER NO. : 537377-010

CUSTOMER NO: 5146433

CHANGE OF AGENT

NAME: EAST CENTRAL FLORIDA SERVICES,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER: _____

A handwritten signature, possibly "10" or "10a", is written over the examiner's line.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: East Central Florida Services, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Connie Barney

Name of Contact Person

Kirton McConkie

Firm/Company

60 East South Temple Street, Suite 1800

Address

Salt Lake City, Utah 84111

City/State and Zip Code

cbarney@kmclaw.com

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

For further information concerning this matter, please call:

Boyd J. Black

at (801) 240-6235

Name of Contact Person

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 CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: East Central Florida Services, Inc.
2. The principal office address: 4550 Deer Park Road
St. Cloud, Florida 34773
3. The mailing address (if different): 50 East South Temple Street 2WW
Salt Lake City, Utah 84150
4. Date of incorporation/qualification: 10/12/1989 Document number: L22279
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

James B. Payne

13754 Deseret Lane

St. Cloud, Florida 34773

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

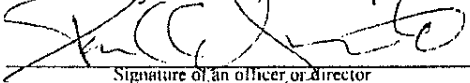
1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Paul C. Genho President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: _____

Signature of Registered Agent

If signing on behalf of an entity: _____

Typed or Printed Name



Harry B. Davis
Asst. Vice President

2/19/13

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB 19 PM 2:26