

**M03000004289**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NRAI CORPORATE SERVICES, INC.-IRVINE  
Account Number : 120080000054  
Phone : (949) 955-9585  
Fax Number : (800) 562-6504

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE**  
**FC03, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

**C. LEWIS**

**MAR 19 2010**

**EXAMINER**

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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.

1. Name of the limited liability company: FC03 LLC

2. (a) Principal office address of limited liability company: c/o NRAI Services, Inc.

☐ (Note: **MUST BE STREET ADDRESS**)

2731 Executive Park Drive, Suite 4  
Weston, FL 33331

(b) Mailing address of limited liability company:

☐ (Note: **MAY BE POST OFFICE BOX**)

c/o NRAI Services, Inc.

2731 Executive Park Drive, Suite 4  
Weston, FL 33331

December 16, 2003

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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:

Paracorp Incorporated

Registered Office Address:

236 East 6th Avenue  
Tallahassee, FL 32303 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

NRAI Services, Inc.

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

2731 Executive Park Drive, Suite 4  
Weston, FL 33331

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 of a member or authorized representative of a member

Erica Marion, Authorized Person

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 608, 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 of Registered Agent

**Jose Castellanos, Asst. Secretary**  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
**FILING FEE: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE, FL  
FILED