

M1500000 5084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

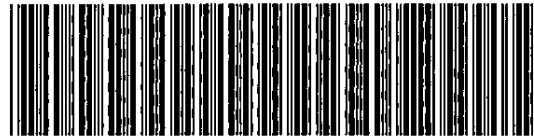
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FILED
2017 MAY - 8 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 10 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FCS of Florida, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cyaira Tyler
Name of Person

FMS
Firm/Company

7645 Gate Parkway, Suite 106
Address

Jacksonville, FL 32256
City/State and Zip Code

kdonohoe@fcsgc.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cyaira Tyler at (904) 508-0581
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: FCS of Florida, LLC

Enter new principal office address, if applicable: 4300 Marsh Landing Blvd, Suite 101 Jacksonville Beach, FL 32250

Enter new mailing address, if applicable: 4300 Marsh Landing Blvd, Suite 101 Jacksonville Beach, FL 32250

2. The Florida document number of this limited liability company is: M15000005084

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 6/26/15

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SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent: 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.

If Changing Registered Agent, Signature of New Registered Agent

