2/12/2018



19542080845 From: Ranae McGraw

Florida Department of State

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REGISTERED AGENT CHANGE CALVIN, GIORDANO & ASSOCIATES, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	nange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.						
1. The name of	f the corporation: CALVIN, GIORDA	NO & ASSOCIATES, INC.						
	The principal office address: 1800 BLLER DR STE 600							
FORT LAU	DERDALE, FL 33316							
3. The mailing	address (if different):							
4. Date of inco	rporation/qualification: 06/27/1985	Document number: M17373						
	nd street address of the current regist artment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)						
	GIORDANO, DENNIS J							
	1800 ELLER DR STE 600	resigned) PEB 12						
	FORT LAUDERDALE, FL 33316	2						
6. The name ar (if changed)		ed agent (if changed) and /or registered office						
	CT Corporation System							
	e/o C T Corporation System, 1200 S	outh Pine Island Road						
		ov NOT acceptable						
	Plantation, Florida 33324							
The street add as changed wi	ress of its registered office and the ll be identical.	street address of the business office of its registered agent,						
Such change vauthorized by	vas authorized by resolution duly at the board, or the corporation has be	dopted by its board of directors or by an officer so seen notified in writing of the change.						
$ ^{\circ}\nu$		Bradley L. Resnick, Vice President and Secretary						
	ture of all afficer or director	Printed or typed name and title ent and agree to act in this capacity.						
I further agrée berlormance d	t to comply with the provisions of a of my duties, and I am familiar with	ent and agree to det in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ifled in writing of this change.						
By: CTCc	orporation System	02/12/2018						
T Si	gnature of Rousing od Agent	Date						
	chalf of an entity:							
	James M. Halpin Assistant Secretary							
	Typed or Printed Name							

* * * 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)