

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

t (850)222~1092

Fax Number

: (850)878-5926



## REGISTERED AGENT CHANGE

FCC SERVICE CO., INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida
1. The name of d	he corporation; FCC SERVICE CO., INC.
	office address: 515 N. FLAGLER DRIVE, SUITE 700, WEST PALM BEACH FL 33401
3. The mailing ac	ldress (if different):
4. Date of incorp	oration/qualification: 07/31/2003 Document number: P03000083930
	street address of the current registered agent and registered office on file with the ment of State:
	SUNSHINE, MARK A
	515 N. FLAGLER DRIVE, SUITE 700, WEST PALM BEACH FL 33401
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	CT Corporation System
	c/o C T Corporation System, 1200 South Pine Island Road  (P.O. Box NOT acceptable)
	Plantation, Florida 33324
	ss of its registered office and the street address of the business office of its registered agent, be identical.
27 Fine	is authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.  When the director of the dir
I heretty becept I further fagree t Suf mystyliës, an dociment is het corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of am familian with and accept the obligation of my position as registered agent. Or, if this ne filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
By: Prod	C T Corporation System  M.C. OCHEL  (Date)  (Date)
If signing on bo	half of an entity:  Berbare A. Burke  Special Assistant Secretary
(1)	Typed or Printed Name)  * * * FILING FEE: S35.08 * * *
M CR2E045 (8/05)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE All, TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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