000863 Division of 🔀 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

. C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850) 222-1092

: (850)878-5368 Fax Number

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

Email Address:

REGISTERED AGENT CHANGE FCHCN INSURANCE AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

8/30/2012

COVER LETTER

TO;	Amendment Section Division of Corporations				
SUBJI	FCHCN Insurance Agency, Inc.				
	Name of Cor	poration			
DOCU	P04000086344 JMENT 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:					
	,	•			
Name of Contact Person					
Firm/Company					
Address					
City/State and Zip Code					
	•				
E-mail address: (to be used for future annual report notification)					
For fur	rther information concerning this matter, please ca	n:			
	Name of Contact Person	at () Area Code & Daytime Telephone Number			
Enclos	sed is a \$35.00 check made payable to the Departm	ent of State.			
		•			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

FL006 - 05/16/2012 Walters Klower Cipline

CR2E045 (03/12)

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

statement of c	hange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of FL r registered agent, or both, in the State of Florida.	
	of the corporation: FCHCN Insurance	-	
1. The name o	i the corporation:	CIAL BLVD SUITE 103 FT LAUDERDALE FL 33309	
2, The princip	al office address:		
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 06/02/2004	Document number: P04000086344	
	nd street address of the current regis artment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	CORPORATION SERVICE COM		
	1201 HAYS ST	30 AH (
	TALLAHASSEE FL 32301	FLO DE	
6. The name a (if changed)	-	red agent (if changed) and /or registered office	
	C T Corporation System		
	c/o C T Corporation System, 1200	South Pine Island Road Plantation,	
•	P.O. I Florida 33324	Box NOT acceptable	
The street add as changed wi	ress of its registered office and the	street address of the business office of its registered agent,	
Such change vauthorized by	was authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.	
-KA	MED PIL	Kristin Bolden, Secretary	
performance of agent. Or, if the hareby confirm	of my duties, and I am familiar will this document is being filed merely m that the corporation has been no	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change.	
ву:	T Corporation System	08/21/2012	
If signing on t	ingnature of Registered Agent pehalf of an entity: M. Halpin	Dute	
— Assista	Type Contains Name		
	* * * F 11.kr	NG FEE: \$35.00 * * *	

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CR2E045 (03/12)

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