

PO6000051942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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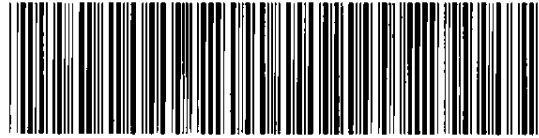
(Business Entity Name)

(Document Number)

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
17 APR - 4 PM 4:20 17 APR - 4 AM 4:41

APR - 5 2017
C McNAIR

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

17 APR -4 AM 4:41
FLORIDA STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS

ACCOUNT NO. : 120000000195

REFERENCE : 583112 5044343

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : April 4, 2017

ORDER TIME : 3:21 PM

ORDER NO. : 583112-005

CUSTOMER NO: 5044343

CHANGE OF AGENT

NAME: FORT LAUDERDALE CONVENTION
SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fort Lauderdale Convention Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P06000051942

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:

Patricia Peter

Name of Contact Person

Informa

Firm/Company

711 3rd Avenue, 8th Floor

Address

New York, New York 10017

City/State and Zip Code

patty.peter@informausa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Peter

917

332-2185

at ()

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

17 APR -4 AM 4:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FORT LAUDERDALE CONVENTION SERVICES, INC.
2. The principal office address: 1115 NE 9th Avenue, Fort Lauderdale, FL 33304
3. The mailing address (if different): 101 Paramount Drive, Ste. 100, Sarasota, FL 34232
4. Date of incorporation/qualification: 04/12/2006 Document number: P06000051942
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company

1200 S. PINE ISLAND RD.

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P O Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Patricia Peter
Signature of an officer or director

Patricia Peter, Assistant Secretary

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: M. Zender

Signature of Registered Agent

4/4/17
Date

If signing on behalf of an entity:

Melissa Zender

Asst. Vice President

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)

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STATE
SECRETARY OF CORPORATIONS
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