Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

HA3638.121742

From:

Email Address:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173

Fax Number : (850)224-1640

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REGISTERED AGENT CHANGE PARC 7F-OPERATIONS CORPORATION

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B. GONNELL MAR 2 3 2010

H10000064769 3

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation orgo in order to change its registered office or regis	unized under the laws of the Statz of FLORIDA
1. The name of the corporation: PARC 7F-OPERATIONS CORPORATION 2. The principal office address: 7892 BAYMEADOWS WAY, JACKSONVILLE, FL 32256	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/26/200	06 Document number: P06000156839
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	
CORPORATION SERVICE CO	OMPANY
1201 HAYS STREET	
TALLAHASSEE FL 32301-252	10 MAR 22
6. The name and street address of the new registered ag (if changed):	gent (if changed) and /or registered office
CORPDIRECT AGENTS, INC	
515 E. PARK AVENUE	
TALLAHASSEE, FL 32301	NOT ecceptable
The street address of its registered office and the stre as changed will be identical.	et address of the business office of its registered agent,
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
Binenslute this	Gwen Hutcheson Griggs
Signature of an affect of director I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the a document is being filed merely to reflect a change in corporation has been notified in writing of this change	chief Administrative and Legal Officer and agree it at in the complete performance latties relative to the proper and complete performance biligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.
Katu Maych Assl. Sec.	MAR 1.5 (* *
If signing on behalf of an entity:	
CORPDIRECT AGENTS, INC. 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, TALLAHASSEB, FL 32314
CR2E045 (8/05)