## · P0100001369-1

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Special Instructions to Filing Officer:				

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: February 16, 2018

Order#: 055854/009

Re: FULL SERVICE MANAGEMENT CORP.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of c	hange is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Flor tion organized under the laws of the State t or registered agent, or both, in the State	of FLORIDA
	f the corporation: FULL SERVIC		oj riorida.
		AVENUE, DELRAY BEACH, FL 33483	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 01/23/2	007 Document number: P070	00012621
5. The name an		gistered agent and registered office on file	
	102 N.E. 6th Avenue		_
	Delray Beach	FL 33483	<del></del>
6. The name an (if changed):	d street address of the new regist	ered agent (if changed) and /or registered	foffice
	Corporation Service Company	ji N	
	1201 Hays Street	9	1
	P.O Tallahassee	), Box NOT acceptable FL 32301	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office o	Tits regi <b>ste</b> red agent,
Such change was authorized by t	as authorized by resolution duly board, or the corporation has	adopted by its board of directors or by a been notified in writing of the change.	n officer so
Sighen	ure of an officer or director	Glenn S. Frechter, Managing Printed or typed name and	,
puriner agree performance of agent. Or, if the hereby confirm	io comply with the provisions of my duties, and I am familiar wit is document is being filed merel	igent and agree to act in this capacity. all statutes relative to the proper and ci th and accept the obligation of my positi y to reflect a change in the registered of otified in writing of this change.	omplete
By: [ ]	nature of Registered Agent	02/16/2018 Date	
	half of an entity:	).ou.	
Grace E. Kirby,	Assistant Vice President		
Ty	rped or Printed Name	_	
	* * * 6111	NC FFF- 935 00 * * *	1

" 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)