

PD8000081906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

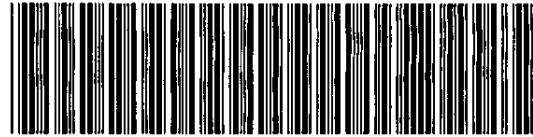
(Business Entity Name)

(Document Number)

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14 JAN 23 AM 11:08
SEC. OF STATE
FALLS CHURCH, VA

APPROVED
AND
FILED

C. LEWIS
JAN 29 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **FIRST CALL 24/7, INC.**

Name of Corporation

DOCUMENT NUMBER: **P08000081906**

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:

RON ELGAZAR

Name of Contact Person

FIRST CALL 24/7

Firm/Company

4250 OAK CIRCLE

Address

BOCA RATON, FL 33431

City/State and Zip Code

SUPPORT@FIRSTCALL24-7.COM

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

For further information concerning this matter, please call:

SHARONA ELGAZAR

Name of Contact Person

at (**954**) **666-0966**

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

**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: FIRST CALL 24/7, INC.
2. The principal office address: 4250 OAK CIRCLE, BOCA RATON, FL 33431
3. The mailing address (if different): 111352 W STATE ROAD 84, SUITE # 37, DAVIE, FL 33325
4. Date of incorporation/qualification: 09/04/2008 Document number: P0800001906
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) RONI ELGAZAR
11352 W STATE RD 84, SUITE #37
DAVIE, FL 33325

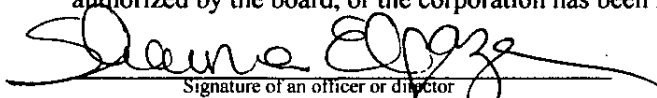
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SHARONA ELGAZAR
11352 W STATE RD 84, SUITE #37
DAVIE, FL 33325

P.O. Box NOT acceptable

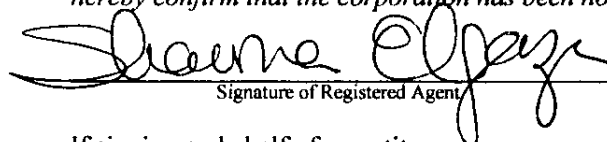
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

SHARONA ELGAZAR
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.


Signature of Registered Agent

JANUARY 17, 2014
Date

If signing on behalf of an entity:

FIRST CALL 24/7, INC.
Typed or Printed Name

*** FILING FEE: \$35.00 ***

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AND
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14 JAN 23 AM 11:08
TALLAHASSEE, FLORIDA