Floridat Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

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

Email Address: Managed reports @ incorp. (: or)

REGISTERED AGENT CHANGE FLORIDA LIQUIDATION CENTER, INC.

18 MAY 29 PM 3: 36 SECRETARY OF STATE ALLAHASSEE, PLORED

Certificate of Status	. 0
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BANASSEE FLORIDA

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Corporate Filing Menu

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T. LEMIEUX

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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Florida Liquidation Center, Inc. Name of Corporation					
DOCUMENT NUMBER: P09000082776					
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:					
Jackie DeFilippis Name of Contact Person					
Name of Confact reison					
InCorp Services, Inc.					
Firm/Company					
3773 Howard Hughes Pkwy. Suite 500S Address					
Las Vegas, NV 89169-6014 City/State and Zip Code					
Managedreports@incorp.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jackie DeFilippis for InCorp Services, Inc. at (800) 246-2677 Ext. 6915 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
74 114 4 3 3					

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

CR2E045 (03/12)

\$\frac{118000\U35153}{1000\U35153}\$\$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a c	orporation organize	507.1508, or 617.1508, Fi d under the laws of the St	rate of Florida		
	Elor	<i>d office or registered</i> rida Liquidation C	d agent, or both, in the St Center Inc	ate of Florida.		
1. The name of t	inc corporation					
2. The principal	office address: 8653	Pensacola Bivd.,	Pensacola, FL 3253	34		
3. The mailing a	ddress (if different):					
4. Date of incorp	orration/qualification:	10/06/2009	Document number:	P09000082776		
	street address of the cu		t and registered office on	file with the		
-	В	OYINGTON, AS	HFORD			
	8653 Pensacola Blvd					
		Pensacola, FL 3	32534	To a series		
6. The name and (if changed):	street address of the ne	w registered agent (i	f changed) and /or registe			
		InCorp Services	, Inc.	TO B		
17888 67th Court North						
	P.O. Box NOT acceptable Loxahatchee, FL 33470					
The street addre	ss of its registered offic be identical.	e and the street add	ress of the business offic	ce of its registered agent,		
Such change wa authorized by th	s authorized by resoluti e board, or the corporat	on duly adopted by ion has been notifie	its board of directors or d in writing of the chang	by an officer so		
	Ashford Boyington, Director					
Signatur	e of an officer or director		Printed or typed nem	e and bile		
I further agree to performance of t	o comply with the provi my duties, and I am fam	sions of all statutes viliar with and accer	ree to act in this capacit relative to the proper an of the obligation of my po ochange in the registere iting of this change.	id complete osition as revistered		
Sachi	May 29, 2018					
/ T Sign	ature of Registered Agent	r	Date			
If signing on bel	alf of an entity:					
ackie DeFilippi	s on behalf of InCor	p Services, Inc.				
Ту	ped or Printed Name					

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