

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

ACCOUNT NO. : I20000000195

REFERENCE : 619622 7642654

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : February 7, 2019

ORDER TIME : 9:16 AM

ORDER NO. : 619622-005

CUSTOMER NO: 7642654

CHANGE OF AGENT

NAME: MOSS & ASSOCIATES OF
CALIFORNIA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT
Please give original
submission date as file date.

February 11, 2019

ROXANNE TURNER
CSC
WALK IN
TALLAHASSEE, FL

SUBJECT: MOSS & ASSOCIATES OF CALIFORNIA, INC.
Ref. Number: P10000067950

We have received your document for MOSS & ASSOCIATES OF CALIFORNIA, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Alien Business Organization, but your entity is a Florida profit corporation. Please complete and return the enclosed blank form(s).

We have received your document for MOSS & ASSOCIATES OF CALIFORNIA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$.

19 FEB 15 AM 10:47

RW

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Moss & Associates of California, Inc.

Name of Corporation

DOCUMENT NUMBER: _____

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:

Gwendolyn Forster

Name of Contact Person

Moss & Associates, Inc.

Firm/Company

2101 North Andrews Avenue

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

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

For further information concerning this matter, please call:

Gwendolyn Forster

Name of Contact Person

at (954) 769-8036
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: Moss & Associates of California, Inc.
2. The principal office address: 2101 North Andrews Avenue, Fort Lauderdale, FL 33311
3. The mailing address (if different): same
4. Date of incorporation/qualification: 08/18/2010 Document number: P10000067950
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)

CT Corporation System

1200 S. Pine Island Road

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

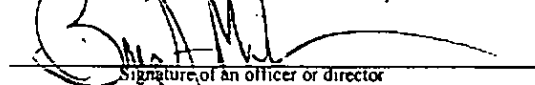
P.O. Box NOT acceptable

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.


Signature of an officer or director

Bruce J. Moldow

EVP

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


Signature of Registered Agent

2/14/19
Date

If signing on behalf of an entity: Roxanne Turner
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)

FILED
2019 FEB -8 AM 9:32
CLERK OF THE
TALLAHASSEE, FL