1100009888

(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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2012 JAN 13 AM 9: 52
SECRETARY OF STATE
FALLAHASSEE, FILORIDA

R.A.

1-17-12 Brown

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	FIRST CALL LEGAL	NETWORK, INC				
Name of Corporation						
DOCUMENT NUI	MBER:P1	1000098884				
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:						
-		SHALACK				
	Name of C	ontact Person				
	EIDOT CALL LEC	AL NETWORK INC				
•		AL NETWORK, INC. Company				
	5455 NORTH FEDERAL HIGHWAY, SUITE G					
•		ldress				
	BOCA RATON, FL 33487 City/State and Zip Code					
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further informat	tion concerning this matter, please	call:				
TO	DDD J. SHALACK	at (8∞) 70	66-6213			
	e of Contact Person	Area Code & Da	66-6213 ytime Telephone Number			
Enclosed is a \$35.00	0 check made payable to the Depa	artment of State.				
	Mailing Address:	Street Addre				
	Amendment Section	Amendment				
	Division of Corporations P.O. Box 6327	Clifton Buil	Corporations ding			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

			, 607.1508, or 617.1508, Fl eed under the laws of the Sta	
· . ·	•	. ~	red armer the laws of the Sta red agent, or both, in the Sta	<u> </u>
1. The name of	the corporation: FIRST	CALL LEG	AL NETWORK, IN	C
2. The principa	l office address: 5455 No	ORTH FEDER	RAL HIGHWAY, SUITE	E G
BOCA RA	ATON, FL 33487			
3. The mailing	address (if different):			
4. Date of incom	rporation/qualification:	11/15/11	Document number:	P11000098884
5. The name an Florida Depart	d street address of the curr artment of State: (If resigne	ent registered age d, enter resigned	ent and registered office on Todd J Shald	file with the
	5455 NORTH FEDE		=	
	SUITE F			
	BOCA RATON, FL	33487		2012 SE TAL
6. The name an (if changed):	d street address of the new	registered agent	(if changed) and /or register	TALLARY OF TALLARY OF SECRETARY
	5455 NORTH FEDE	ERAL HIGHW	AY	# F
	SUITE G			SI &
		P.O. Box NOT:	acceptable	RIOF
	BOCA RATON, FL	33487		
The street addr	ess of its registered office I be identical.	and the street a	ddress of the business offic	ce of its registered agent,
Such change wauthorized by t	as authorized by resolution he board, or the corporati	on duly adopted on has been noti	by its board of directors or fied in writing of the chan	by an officer so ge.
- Trole	fre of an officer or director		1000 5	HALACK Prosident
I hereby accept	t the appointment as regis	tered agent and ions of all statut accept the oblig a change in the of this change.	agree to act in this capaci es relative to the proper a ation of my position as reg registered office address,	ty. nd complete performance zistered agent. Or, if this I hereby confirm that the
$ \neq $				
Sig	gnature of Registered Agent		Date	
If signing on be	ehalf of an entity:			
	'vped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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