

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000026006 3)))



H220000280083ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6380

Account Name : PARANET CORPORATION SERVICES, INC.

Account Number : I20090000069 Phone

: (800)277-9977

Fax Number

: (800)815-0477

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

Email Address: ADMIN @ OLESERVICES. COM

REGISTERED AGENT CHANGE FCC PROPERTIES INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

C. BRUMBLEY

## (((H22000026006 3)))

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

statement of cha	ange is submitted for a corporation or	0502, 607,1508, or 617,1508, Florida St ganized under the laws of the State of <u>Fl</u> gistered agent, or both, in the State of Fl	LORIDA
The name of	the corporation: FCC PROPERTIES IN	<b>√</b> C.	
2. The principal	l office address: 1395 BRICKELL AVE	NUE, SUITE 720	
MIAMJ, FL 331.			<del></del>
<del>-</del>	address (if different):	D12000010	2013
	rporation/qualification: 02/23/2012		
	id street address of the current registere urtment of State: (If resigned, enter resi	ed agent and registered office on file with gned)	h the
	CF REGISTERED AGENT, INC.		
	100 S. ASHLEY DRIVE, SUITE 400		2
	TAMPA, FL 33602		922 J
6. The name and (if changed):		agent (if changed) and /or registered office	<i>7</i> <sub>1</sub> - O
	NRAI Services, Inc.		AM C
	1200 SOUTH PINE ISLAND RD		9: 3 7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-
	P.O. PLANTATION, FL 33324	Box NOT acceptable	<b></b>
The street address changed will	ess of its registered office and the str I be identical.	eet address of the business office of its	registered agent.
Such change wa authorized by th	as authorized by resolution duly ador he board, or the corporation has been	oted by its board of directors or by an one notified in writing of the change.	fficer so
Signalii	ure of an physological director	FRANCISCO RVI 2 Printed or typed name and title	
_	, , , =	and agree to act in this capacity, tatutes relative to the proper and compobiligation of my position as registered to the registered office address. I hereby ge.	
	vices, Inc.  Lia - Paul  gnature of Registered Agent	January 20, 2022	·
f signing on be	ehalf of an entity:	•	
Natalle Lelba	-Paul - Assistant Secretary		
T	yped 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 (04/13)