Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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REGISTERED AGENT CHANGE FDC PARTNERS MANAGEMENT, INC.

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Corporate Filing Menu

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DEC 30 SOIR C MCNAIR

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

statement of cha	nge is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Statutes, ation organized under the laws of the State of Florida e or registered agem, or both, in the State of Florida.	this	
	he corporation: FDCPartnersN			
		Blvd,Suite32603,PompanoBeach,FL33062		
3. The mailing a	ddress (if different): e/oPDC2	50FischerAve.,CostaMesa,CA92626		
4. Date of incorp	poration/qualification: 08/08/2	014 Document number: P14000066548		
	I street address of the current retreet of State:(If resigned, er	registered agent and registered office on file with the nter resigned)		
	RegisteredAgentsInc.			
	3030 N Rocky Point Dr Ste 150)Λ	藩	• • • • • • • • • • • • • • • • • • • •
	Tampa,FL33607) JEC (:
6. The name and (if changed):	l street address of the new regi	istered agent (if changed) and /or registered office	29 PM	- Committee It
	CTCorporationSystem		ti ti	KATH
	c/oCTCorporationSystem,12	200SouthPineIslandRoad	Ť,	÷
	Plantation, Florida 33324	P.O. Box NOT acceptable		
The street addre	ess of its registered office and be identical.	the street address of the business office of its register	red agent	
Such change wa authorized by th	s authorized by resolution du the board, or the corporation ha	ly adopted by its board of directors or by an officer so as been notified in writing of the change.	0	
Melica	u Molar preofanothicerordirector	MelissaNolan,VP Printed or typed name and utle		
I hereby accept I further agree to performance of agent. Or, if thi	the appointment as registered to comply with the provisions my duties, and I am familiar s document is being filed mer	Printed or typed name and title d agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as regis ely to reflect a change in the registered office addres of notified in writing of this change.	stered ss, I	
By: CTCorp	porationSystem	12/22/2016		
1 140.00	npture of Registered Agent	Taue		
If signing on be	half of an entity:			
TristanEmrich,A	ssistantSecretary			
T	ped 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, FL32314 CR2E045 (03/12)