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To:

Division of Corporations

Fax Number : (850)617-6380

From:

M 1:56 ESTATE 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@ OCE SERVICES . COM

REGISTERED AGENT CHANGE FCC OVERSEAS INC.

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

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation or in order to change its registered office or registered.	•	_
1. The name of the corporation: FCC OVERSEAS INC		
2. The principal office address: 1395 BRICKELL AVE MIAMI, FL 33131		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 11/19/2014	Document number: P14000094175	
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resigned).		202
CF REGISTERED AGENT, INC.	· ·	2022 JAN
100 S. Ashley Drive, Suite 400	:	N 20
Tampa, FL 33602	ω .	O AM
6. The name and street address of the new registered a (if changed):	11.	# 8: <u> </u>
NRAI Services, Inc.		
1200 SOUTH PINE ISLAND RD		
P.O. PLANTATION, FL 33324	. Box NOT acceptable	
The street address of its registered office and the streas changed will be identical.	eet address of the business office of its registered age	:nt,
Such change was authorized by resolution duly ador authorized by the board, or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change.	
Signature of an officer of airector	FRANCISCO RUIZ	_
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the o document is being filed merely to reflect a change in corporation has been notified in writing of this chan	rnmed of types name and title t and agree to act in this capacity. statutes relative to the proper and complete performa obligation of my position as registered agent. Or, if to the registered office address, I hereby confirm that to nge.	nce Ihis Ihe
NRAI Services, Inc. By: Signature of Registered Aperl	January 20, 2022	_
If signing on behalf of an entity:	Suit	
iatalle Leiba-Paul - Assistant Secretary		
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 (04/13)