Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000052

Phone : (888)705-7274
Fax Number : (888)706-7274

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

Email Address:

REGISTERED AGENT CHANGE 1177 KANE CONCOURSE, INC.

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

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03/22/17 08:06AM PDT Registered Agent Solutions, inc. -> Florida SOS 06176383 Pg 2/15

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COVER LETTER

Amendment Section TO: Division of Corporations

SUBJECT: 1177 KANE CONCOURSE, INC.

Name of Corporation

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

1701 Directors Blvd, Ste 300

Austin, TX 78744

City State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

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

statement of c	hange is submitted for a corp	0502, 617.0597, 607.1508, or 617.1508 voration organized under the laws of the fice or registered agent, or both, in the	State of Florida	
		NE CONCOURSE, INC.	some of Pioriaa.	
2. The princip	· 	NE CONCOURSE SUITE 201		
4. Date of inco	opposition/qualification; 05/	25/1994 Document number:	P94000039157	
5. The name ar		at registered agout and registered office		
	CORPORATION SE	RVICE COMPANY	- 3	
	1201 HAYS STREET	Γ	IN 22	7 =
	TALLAHASSEE, FL	32301	ر در) مو	n
6. The name ar (if changed):	nd street address of the new re	egistered agent (if changed) and for regi	stored office	フ
	Registered Agent S	olutions, Inc.	्रा अ	
	155 Office Plaza Dr.	., Suite A		
	Tallahassee, FL 323	P.O. Box NOT accoptable		
The street addr as changed will	ess of its registered office and be identical.	nd the street address of the business of	fice of its registered agent.	
Such change w authorized by t	ayauthorized by resolution due board, of the corporation	htly adopted by its board of directors of has been notified in writing of the cha	or by an officer so ngo.	
Signife	of of on Albeor or director	Neil Sazant	President	
		Printee of types in ed ugent and agree to act in this capace is of all stabiles relative to the proper in with and gooept the obligation of my erely to reflect a change in the register in notified in writing of this change.	one ane title city and complete posttlon as registered red office address, J	
	nonth of Registered Agent	03/13/2017		
	half of an entity:	. Dato	· 	
Justine Karr	v reil - Assistant Secret	tary		
T	ped or Printed Name	'ILING FEE: \$35.00 * * *		

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

CR2E045 (02/12)