3/19/2019

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: kmills@agdglaw.com

REGISTERED AGENT CHANGE CAC OF FLORIDA CORPORATION

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: CAC OF FLORIDA CORPORATION

Name of Corporation

NOCHMENT NUMBER, P97000061079

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:

KRISTIN MILLS

Name of Contact Person

CAC OF FLORIDA CORPORATION

Firm/Company

2431 ESTANCIA BLVD., BLDG 1

Address

CLEARWATER, FL 33761

City/State and Zip Code

kmills@agdglaw.com

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

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop

,800

567-4397

Name of Contact Person

Area Code & Daytime Telephone Number

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
Tallaliassee, FL 32301

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

siatement of cha	provisions of sections 607,0502, 617,0302, 607, ange is submitted for a corporation organized un- in to change its registered office or registered ag	der the laws of t	he State of Florida	
i. The name of t	the corporation: CAC OF FLORIDA COIl office address: 2431 ESTANCIA BLVD.	RPORATIO	N	
3. The mailing a	address (if different):			
4. Date of incom	poration/qualification: 07/14/1997 r	Occument number	P97000061	079
	d struct address of the current registered agent an etment of State; (If resigned, enter resigned)	d registered offic	ce on file with the	
	CT CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND RD.			
	PLANTATION, FL 33324			~3
6. The name and (if changed):	d street address of the new registered agent (if ch	anged) and for n	egistered office	2019 HAR 19
	URS AGENTS, LLC			5
	3458 LAKESHORE DRIVE			7.7
	P.O. Diec NOT acceptable	le		
	TALLAHASSEE, FL 32312	<u> </u>		
The street address changed will	ess of its registered office and the street address I be identical.	of the business	office of its registo	ered agent.
Such change was authorized by the	as authorized by resolution duly adopted by its he board, or the corporation has been notified in	board of director writing of the o	rs or by an officer : change.	50
lav	Prince A an attractive A	LABERT FRE	UNO REASU	REA_
	I the appointment as registered agent and agree to comply with the provisions of all statutes relifing duties, and I am familiar with and accept this document is being filed merely to reflect a child the corporation has been notified in writing	• • •		istered ess. I
		03/06/201	_	
-	emiline of Registered Agent chalf of an entity:	1,	lato.	
	·			
	Shop, Assistant Secretary Typed or Printed Name			
	* * * FILING FEE: \$35.	.00 * * *		•