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Division of Corporations

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Account Number: I2000000195 : (850)521-1000 Phone Fax Number : (850)558-1515

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MICHAEL A. BORGAILO & ASSOCIATES INC.

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REGISTERED AGENT CHANGE

Electronic Filing Menu

Corporate Filing Menu

Help

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

		517.0502, 607.1508, or 617.1508, Florida Statutes; this in organized under the laws of the State of Florida	r
		r registered agent, or both, in the State of Florida.	
		BORGAILO & ASSOCIATES INC.	
2. The principal	office address: 1052 Willa Spri	ngs Dr.	
Winter Spi	ings FL 32708		·
3. The mailing :	address (if different):		
4. Date of incor	poration/qualification: 4/6/1998	Document number: P98000032343	·····
	d street address of the current regis rtment of State:	stered agent and registered office on file with the	
	Michael A. Mertz		
	1052 Willa Spring Dr		무
	Winter Springs FL 32708	·	11
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	THE CORPORATION OF CO
	Corporation Service Compar	ny	F SI FOR
	1201 Hays Street		2:3
	(P.O. Box NOT a	icceptable)	N 5
	Tallahassee, FL 32301		
The street addr as changed will	ess of its registered office and the libe identical.	e street address of the business office of its registered	l agent,
Such change wanthorized by t	as authorized by resolution duly the board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	,
(Signal	ure of an officer or director)	MAKKMSKINNER VICE CHOKE	r <u>ava Somi</u> ary
l hereby accept l further agree of my duties, a document is he corporation ha Corporati	the appointment as registered as to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chang is been natified in writing of this con on Service Company	gent and agree to act in this capacity; all statutes relative to the proper und complete perfo the obligation of my position as registered agent. O ye in the registered office address, I hereby confirm change.	ormance r, if this that the
By: D	rom this try	10/26/2011	
	gustice of Registered Agent) Phalf of an entity:	(Date)	
Grace E. Kirby, Assistant Vice President			
(Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, EU 32314
CR2E045 (8/05)

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