Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000306502 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:	
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REGISTERED AGENT CHANGE FCCI GROUP INC.

Certificate of Status	0
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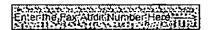
Corporate Filing Menu

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C. GOLDEN

OCT 24 2018

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H180003065023

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FCCI GROUP INC.
Name of Corporation
DOCUMENT NUMBER: P98000077279
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:
Jaclyn Wright
Name of Contact Person
Registered Agent Solutions, Inc.
1701 Directors Blvd, Ste 300
Address
Austin, TX 78744
City/State and Zip Code
lpike@fcci-group.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jaclyn Wright Name of Contact Person at (888) 705-7274 Area Code & Daytime Telephone Number
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
Tallahassee, FL 32301

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

statement of cha	mge is submitted for a	corporation organized	507.1508, or 617.1508, F d under the laws of the S d agent, or both, in the St	tate of Florida	
1. The name of	the corporation: FCC	GROUP INC.			
2. The principal	office address: 6300	UNIVERSITY PA	ARKWAY, SARASO	OTA, FL 34240	
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification:	09/08/1998	Document number: _F	98000077279	
	d street address of the crtment of State: (If resi	-	at and registered office of	n file with the	
	KOVAL, THOMA	AS A		~ .	
	6300 UNIVERSIT SARASOTA, FL 3			2018 OCT 23 SECRETAR SECRETAR	Ŋ
6. The name and (if changed):		new registered agent (i ent Solutions, Inc	if changed) and /or regist	erred office SSE SE	かり
	155 Office Plaz		<u></u>	<u> </u>	
	133 Office Flaz	P.O Box NOT acco	puble		
	Tallahassee, Fl	32301			
The street addre	ess of its registered of be identical.	fice and the street add	lress of the business offi	ce of its registered agent,	
Such change wa authorized by th	as authorized by resolute board, or the corpor	ition duly adopted by ation has been notific	its board of directors or ed in writing of the chan	r by an officer so ge.	
	ina Welch		Christina Welch	Corporate Secre	tary
I hereby accept I further agree of performance of agent. Or, if the	the appointment as re to comply with the pro my duties, and I am fo	ivisions of all statutes umiliar with and acce iled merely to reflect as been notified in w	gree to act in this capac relative to the proper a pt the obligation of my p a change in the register	ity. Ind complete Position as registered	
Sig	nature of Registered Agent		1)23/2010 1)nte		
If signing on be	half of an entity:				
Justine Karr	nell - Assistant S	Secretary			
	yped or Printed Name				

* * * FILING FEE: \$35.00 * * *