559737

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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for the

OP DEC 21 AM II: 55
SECRETARY OF STATE

A Mopeure DEC. 5.3.500a

COVER LETTER

Division of Corporations
SUBJECT: First City Realty & Development, Inc.
SUBJECT: First City Realty & Development, Inc. Name of Corporation
DOCUMENT NUMBER: S59737
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:
Frank N. Anderson, Jr. Name of Contact Person
Name of Contact Person
First Oits Death & Death and
First City Realty & Development Firm/Company
· ····································
P.O. Box 568526
Address
Orlando, Fl 32856
Orlando, Fl 32856 City/State and Zip Code
frankanderson@1stcityrealty.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
frankanderson@1stcityrealty.com at (407) 425-0330 Name of Contact Person 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 Street Address: Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section

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

" Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
And "	
1. The name of the corporation: First City Realty 4 Development, Inc.	
2. The principal office address: 3219 Wald Road	
Orlando, FI 32806	
3. The mailing address (if different): P.O. Box 568526	_
Orlando, FI 32856	
4. Date of incorporation/qualification: 6/14/1991 Document number: S59737	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Frank N. Anderson, Jr.	
425 West Colonial Drive Suite 301	
Orlando, FI 32804	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Frank N. Anderson, Jr.	
3219 Wald Road Orlando, FI 32806	
P.O. Box NOT acceptable	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Sunt/ frales FRANK N. Andreson, Je	
/ Signature of an officer or director / Printed or typed name and title	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
- V. 11 A-line 8 17/15/19	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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