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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850) 521-1000

: (850)558-1515

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

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REGISTERED AGENT CHANGE FIRST CITIZENS FACILITIES COMPANY, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	this		
	the corporation: FIRST CITIZENS FACILITIES COMPANY, INC.			
2. The principal	office address: 2211 OKEECHOBEE ROAD FORT PIERCE FL 34950-655	2		
3. The mailing a	address (if different): ATTN: ACCOUNTING 2810 S. U.S. 1 FORT PIERCE	FL 34982		
4. Date of incor	poration/qualification: 03/09/1992 Document number: V19877			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:				
	FRANK H. FEE III, ESQ.	NS.	<	
	426 AVENUE A		יי פאר ל	
	FORT PIERCE FL 34950			
6. The name an (if chauged):	d street address of the new registered agent (if changed) and /or registered office	ATE ARBA	<u>.</u>	
	Corporation Service Company			
	1201 Hays Street			
	(F.O. Box NOT acceptable)			
	Tailahassee, FL 32301			
The street addr	cess of its registered office and the street address of the business office of its registal be identical.	ered agent,		
	ras authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.			
Cipia Signa	A Archivar LyDIA B Mathway Has 1. Co	rp. Secret	'ARY	
I hereby accep I further agree of my duties, a document is be corporation ha Corporat	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete p nd I am familiar with and accept the obligation of my position as registered agent ting filed merely to reflect a change in the registered office address. I hereby confirst been notified in writing of this change.	erformance . Or, if this rm that the		
By:	(Date) (Date)			
	ochalf of an entity: Troy Todd Se its agent (Typed or Printed Name)			
	* * * DIT INC DDD • • • * *			

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