

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: *Sue Burre*  
Account Name : FOLEY & LARDNER  
Account Number : 07272000061  
Phone : (904) 359-2000  
Fax Number : (904) 359-8700

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

Email Address: *tlarson@buijax.com*

REGISTERED AGENT CHANGE  
BUSINESS VALUATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

*RA/RC/chg*

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

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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.

1. The name of the corporation: BUSINESS VALUATION, INC.
2. The principal office address: 4417 BEACH BOULEVARD, SUITE 302  
JACKSONVILLE, FL 32207-9404
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/7/1992 Document number: V57680

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)

RONALD W. MAXWELL  
1812 UNIVERSITY BOULEVARD SOUTH  
JACKSONVILLE, FL 32216

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

F & L CORP.  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202

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.

C. Donald Wiggins  
Signature of an officer or director

C. Donald Wiggins, President

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.

F & L CORP.

By: Michael B. Kirwan  
Signature of Registered Agent

8/22/18  
Date

If signing on behalf of an entity:

Michael B. Kirwan, Authorized Signatory

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
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