F9500000666

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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DEFINITION OF STATE OF STATE

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CORPORATIO

ON SERVICE COMPANY	ACCOUNT NO.	:	12000000	0195
	REFERENCE	:	152265	7382157
	AUTHORIZATION	1	Wal and	.
	COST LIMIT		\$ 35.00	
ORDER DATE :	April 2, 2012			
ORDER TIME :	11:09 AM			
ORDER NO. :	152265-027			
CUSTOMER NO:	7382157			
	CHANGE OF A	GEN'	<u>r</u>	
NAME:	F.A. RICHARD	& A	SSOCIATES	INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of change is sub-	mitted for a corporation organiz	t, 607.1308, or 617.1308, Florida Stati wed under the laws of the State of Lou red agent, or both, in the State of Flori	iisiana
1. The name of the corpora	tion: F. A. RICHARD & AS	SSOCIATES INC.	
2. The principal office add	ress: 750 Park of Commerce	Boulevard, Suite 205, Boca Rato	n, FL 33487
3. The mailing address (if o	lifferent): 1625 West Causew	yay Approach, Mandeville, LA 70)471
4. Date of incorporation/qu	alification: 02/09/1995	Document number: F95000000	666
5. The name and street add Florida Department of S		ent and registered office on file with the	ne
C T Cor	poration System		The Agents -
1200 So	uth Pine Island Road		2 5 7
Plantatio	on, FL 33324		20
6. The name and street add (if changed):	ress of the new registered agent	(if changed) and /or registered office	# 3: E
Corpora	tion Service Company		6
1201 Ha	ys Street		
<i>.</i>	(P.O. Box NOT acceptable)		
	see, FL 32301		
The street address of its reas changed will be identic	gistered office and the street a al.	ddress of the business office of its re	gistered agent,
Such change was authorized by the board, of	ed by resolution duly adopted r the corporation has been not	by its board of directors or by an off ified in writing of the change.	icer so
Dlines X	Broh	Blanca Lozada, Vice President	
I further agree to comply of my duties, and I am fan document is being filed me	ntment as registered agent and with the provisions of all statu niliar with and accept the oblig erely to reflect a change in the fied in wyiting of this change.	(Printed or typed name and title) I agree to act in this capacity. Ites relative to the proper and comple Ites at a registered agree and comple Ites registered office address, I hereby c	
By: Mace C	Myby	April 2, 2012	
(Signature of Reg	, ,	(Date)	
Grace E. Kirby, Assista	·		
(Typed or Printe			

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