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R. WHITE APR 1 6 2018

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 159489 8124081

AUTHORIZATION

COST LIMIT : \$ 5.00

ORDER DATE: April 12, 2018

ORDER TIME : 5:11 PM

ORDER NO. : 159489-025

CUSTOMER NO: 8124081

CHANGE OF AGENT

NAME: SOCIETY OF TRUST AND ESTATE

PRACTITIONERS - U.S., INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

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

	•	617.0502, 607.1508, or 617.1508, Florida Statute. on organized under the laws of the State of Delawi	•
	- ·	or registered agent, or both, in the State of Florida	
		And Estate Practitioners - U.S., Inc.	
2. The principal	45750	Drive, Suite 300, San Diego, CA 92130	
3. The mailing a	address (if different):		`
4. Date of incor	poration/qualification; 08/08/20	16 Document number: F16000003533	
	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file with the ar resigned)	
	Farmer & Associates, PLLC		444
	999 Vanderbilt Beach Road, St	uite 501, Fifth Third Center	S P P
	Naples, FL 34108		
6. The name and (if changed):	d street address of the new registo	ered agent (if changed) and /or registered office	量 。
	Corporation Service Company		- Reg 2
	1201 Hays Street		
	P.O	. Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its regist	ered agent,
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	so
M. T. C	Wharie Dwidsone of an officer or director	M. Katharine Davidson, President Printed or typed name and fittle	
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar wi is document is being filed merel	ngent and agree to act in this capacity. Tall statutes relative to the proper and complete th and accept the obligation of my position as reg by to reflect a change in the regislered office addr otified in writing of this change.	gistered ess, I
By:	nature of Registered Agent	Date	
_	half of an entity:		
_			
Т	yped or Printed Name	•••	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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