## G18357

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
· (Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FI ORIN.

Les Martin

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: FINANCIAL ASSOCIATES, INC (Name of Corporation	n)
DOCUMENT NUMBER: G18357	
The enclosed Statement of Change of Registered Office/Agent ar	nd fee are submitted for filing.
Please return all correspondence concerning this matter to the following	lowing:
MARILYN L. HIGHS (Name of Contact Person	SMITH on)
FINANCIAL ASSOCIA (Firm/Company)	TES, INC
6170 EDGEWATER (Address)	DRIVE
ORLANDO, FL C (City/State and Zip Cod	32810
For further information concerning this matter, please call:	
MARILYN L. HIGHSMITH at (Name of Contact Person) (Ar	407 ) 523-6700 rea Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of S	tate.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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 Statute statement of change is submitted for a corporation organized under the laws of the State of FLOF in order to change its registered office or registered agent, or both, in the State of Florida	RIDA		-
1. The name of the corporation: FINANCIAL ASSOCIATES, INC			
2. The principal office address: 6170 EDGEWATER DRIVE			
3. The mailing address (if different):			
4. Date of incorporation/qualification: Document number: G18357			
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)			
RICHARD M. HIGHSMITH			
3022 TROY DRIVE			
ORLANDO, FL 32806	SEC	09 H	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ALLARY	MAR 27	FILE
RUSSELL A. GLOTFELTY	797 307	P	ED
830 WILKINSON ST	AI	2: 35	
(P.O. Box NOT acceptable)  ORLANDO, FL 32803	្តិរាជ	C)	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.		ager	ıt,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so		
(Signature of an officer or director)  MARILYN L. HIGHSMI  (Printed or typed name and title)	TH		<del></del>
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 of my duties, and I am familiar with and accept the obligation of my position as registered agent document is being filed merely to reflect a change in the registered office address, I hereby conceptration has been holified in writing of this change.	perfo nt. Oi nfirm t	rman r, if ti hat ti	ice his he
Signature of Registered Agent) (Date)			-
If signing on behalf of an entity:			
RUSSELL A. GLOTFELTY (Typed or Printed Name)			

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