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(((H16000046090 3)))



H160000460903ABC-

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

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

Ema	÷	٦	Address	٠

REGISTERED AGENT CHANGE SECUREVEST FINANCIAL GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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COVER LETTER

TO: Amendment Section Division of Corporations								
SECUREVEST FINANCIAL GROUP, INC.								
Name of Corporation								
F08000001929 DOCUMENT NUMBER:								
The enclosed Statement of Change of Registered Office/Agent and fee are subm	itted for filling.							
Please return all correspondence concerning this matter to the following:								
CORY GERBRANDT								
Name of Contact Person								
CT CORPORATION								
Firm/Company								
2075 CENTRE POINTE BLVD								
Address								
TALLAHASSEE, FL 32308								
City/State and Zip Code								
CORY.GERBRANDT@WOI.TERSKLUWER.COM								
E-mail address: (to be used for future annual report noti	fication)							
For further information concerning this matter, please call:								
Cory Gerbrandt 850 558-19								
Name of Contact Person Area Code & Dayt	ime Telephone Number							
Enclosed is a \$35.00 check made payable to the Department of State.								
Mailing Address: Street Address Amendment Section Amendment S	<u>:</u> ection							
Division of Corporations Division of Co	orporations							
P.O. Box 6327 Clifton Buildi								
Tallahassee, FL 32314 2661 Executiv	ve Center Circle L 32301							

CR2E045 (03/12)

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

statement of che	provisions of sections 607.0502, 617.0 ange is submitted for a corporation or er to change its registered office or reg	ganized imder the laws of t	the State of	ILLINOIS		
1. The name of	the corporation: SECUREVEST FINAN	CIAL GROUP, INC.				
2. The principal	office address: 163 MADISON AVEN	UE, SUITE 100 MORRIST	OWN, NJO	7960		
3. The mailing	address (if different):					
4. Date of incor	4. Date of incorporation/qualification: 04/24/2008 Document number: F080					
	d street address of the current registere trement of State: (If resigned, enter resi		icc on file	with the		
	PEDRETTI, ROBERT VICE PR			_		
	433 PLAZA REAL, SUITE 245	_				
	BOCA RATON, FL 33432		SEC	~ ~ 2016		
6. The name an (if changed):	d street address of the new registered a	agent (if changed) and /or r		23		
	C T Corporation System		Fig.	- u m		
	c/o C T Corporation System, 1200 Sou	th Pine Island Road	6: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:	, O		
	PO Box Plantation, Florida 33324	NOT acceptable	TE IBA	80		
The street address changed will	ess of its registered office and the sta I be identical.	eet address of the business	s affice of	its registered agent,		
Such change wauthorized by t	as authorized by resolution duly ador he beard or the corporation has been	nted by its board of directo notified in writing of the	ors or by an change.	n officer sa		
- 670	ure of an other or director	CORY GERBRANDT	VICE PRE			
I hereby accept I further agree performance of	t the appointment as registered agent to comply with the provisions of all s fny duties, and I am familiar with an his document is being filed merely to t that the corporation has been notifie	and agree to act in this co statutes relative to the pro ad accept the obligation of reflect a change in the reg	apacity. per and co my position visiered off	mplete		
By: C T Cou	rporation System	02/23/2016				
•	gnature of Registrated Agent		Date			
If signing on bo	chalf of an entity: Connie Brugh					
Ps	Special Printed Name SCIGION . FILING	FEE: \$35.00 * * *				

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