## 446653

(Requestor's Name)			
(Address)			
(Address)			
(Addiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



300131680313

06/26/08--01015--001 \*\*35.00

08 JUN 26 AM 9: 13
SECRETARY OF STATE
TALLAHASSEE, FLORID.

R.A. Charge

## **COVER LETTER**

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of	f_Florida
	the corporation: TotalBank	, • • • • • • • • • • • • • • • • • • •
	l office address: 2720 Coral Way	
•	Miami, FL 33145	
3. The mailing a	address (if different):	
4. Date of incor	rporation/qualification: 02/20/1974 Document number: 4466	353
	d street address of the current registered agent and registered office on file artment of State:	with the
	David I. Schlosberg	
	Total Bank Building	
	2720 Coral Way, Miami, FL 33145	- TAL C
6. The name and (if changed):		08 JUN 26 SECRETARY LLAHASSE
	David I. Schlosberg (same RA, address change only)	
	2828 Coral Way - Suite 530	1 si co
	(P.O. Box NOT acceptable)  Miami, FL 33145	I3 ATE RIDA
	ress of its registered office and the street address of the business office of the identical.  Vas authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	
David I. Schlosberg, S.V.P. & Secretary (Printed or typed name and title)		
I further agree of my duties, ar	It the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and condition as registered am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I he is been notified in writing of this change.	complete performance ered agent. Or, if this reby confirm that the
) Dello:	ignature of Registered Agent) Sune 17,	2008
If signing on be	ehalf of an entity:	
	TotalBank (Typed or Printed Name)	

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

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