11733

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	Citrus Park-Trost International, Inc. Name of Corporation	
DOCI	JMENT NUMBER: 671733	
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Carl R. Peterson, Jr., Esq.	
	Name of Contact Person Jolly & Peterson, P.A.	
	Firm/Company	
	2145 Delta Blvd., Suite 200	
	Address	
	Tallahassee, FL 32303	
	City/State and Zip Code	
	crp@jollylaw.com	
	E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
	Carl Peterson at (850 422-0282 Name of Contact Person Area Code & Daytime Telephone Number	
	Name of Contact Person Area Code & Daytime Telephone Number	er
Enclos	sed is a \$35.00 check made payable to the Department of State.	
	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

statement of change is s	ns of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ubmitted for a corporation organized under the laws of the State of Fla. nge its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corp	oration: Citrus-Park - Trost International, Inc.	
2. The principal office a	ddress: 25581 Trost Blvd., Bonita Springs, FL 34135	
3. The mailing address (if different): 25501 Trost Blvd., Bonita Springs, FL 34135	
4. Date of incorporation	/qualification: 5-30-1980 Document number: 671733	
	ddress of the current registered agent and registered office on file with the f State: (If resigned, enter resigned)	
2	amara Swan	
	25501 Trost Blvd.	
F	Sonita Springs, FL 34135	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
<u> </u>	Carl R. Peterson, Jr., Esq.	
	P.O. Box NOT acceptable 1145 Delta Blvd., Suite 200 Callahassee, FL 32303	
The street address of its as changed will be iden	registered office and the street address of the business office of its registered agent, tical.	
Such change was authorized by the board	rized by resolution duly adopted by its board of directors or by an officer so, or the corporation has been notified in writing of the change.	
Signature of an of	TAMANA SWAW, President Frinted or typed name and title	
	ointment as registered agent and agree to act in this capacity. ly with the provisions of all statutes relative to the proper and complete es, and I am familiar with and accept the obligation of my position as registered ment is being filed merely to reflect a change in the registered office address, I corporation has been notified in writing of this change.	
Signature of R	ogistered Agent Date	
If signing on behalf of	in entity:	
Carl Petae Typed or Pri	nted Name	

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