671733

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

TO: Amendment Section Division of Corporations

SUBJECT: Citrus Park - Trost International, Inc.

Name of Corporation

OCUMENT NUMBER: 671733

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Truckenbrod

Name of Contact Person

Jolly, Peterson & Truckenbrod, PA

Firm/Company

2145 Delta Blvd., Suite 200

Address

Tallahassee, FL 32303

City/State and Zip Code

Imt@jollylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Truckenbrod

. , 850

422-0282

6 The Control of the

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed 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

	•	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of Florida	
-	•	ed office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Citrus	s Park - Trost International, Inc.	
		01 Trost Blvd., Bonita Springs, Florida 34135	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: _	5-30-80 Document number: 671733	
	d street address of the curtiment of State: (If resign	rrent registered agent and registered office on file with the med, enter resigned)	
	Carl R. Peterson	ı, Jr.	
	Jolly, Peterson &	& Truckenbrod, P.A.	
	2145 Delta Blvd.	, Suite 200, Tallahassee, FL 32303	ين د
6. The name and (if changed):	d street address of the ne	ew registered agent (if changed) and /or registered office	16 JUL -9
	Lisa Truckenbroo	d, Esq.	င်ာ
	Jolly, Peterson &	R Truckenbrod, P.A.	E 27
		P.O. Box NOT acceptable	**
	2145 Delta Blvd.	, Suite 200, Tallahassee, FL 32303	73
The street address changed will	ess of its registered office be identical.	ce and the street address of the business office of its registered ag	gent,
Such change was authorized by th	is authorized by resolutine board, or the corporat	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.	
	man	President	
T, Swar	the appointment or run	Printed or typed name and title istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete nillar with and accept the obligation of my position as registered ed merely to reflect a change in the registered office address, I s been notified in writing of this change.	 !
191/W	clinbud	June 3, 2016	
_	nature of Registered Agent	Date	_
f signing on be	half of an entity:		
ту	ped or Printed Name		
	* *	* * 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)