

671733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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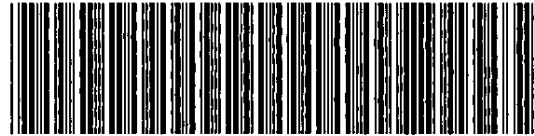
(Business Entity Name)

(Document Number)

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17 MAY 11 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

MAY 17 2017  
S. PRATHER

HINDEN, McLEAN & ARBEITER

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

4430 SOUTHWEST 64TH AVENUE

DAVIE, FLORIDA 33314

JON A. HINDEN  
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OF COUNSEL  
BARRY S. WEBBER

TELEPHONE (954) 587-3058  
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May 16, 2017

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Via Federal Express**

RE: Statement of Change of Registered Office or Registered Agent or Both for  
Corporations for Citrus Park – Trost International, Inc.  
Our File No: F-2566

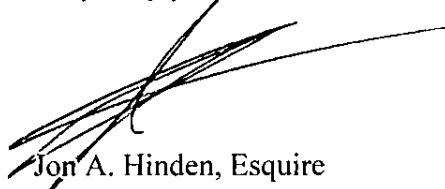
Dear Sir or Madam:

Enclosed please find the following:

1. Our law firm trust account check in the amount of \$35.00;
2. An original and a copy of the Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Corporations;
3. And a stamped pre-address enveloped for returning a "stamped" copy of the Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Corporations.

If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,



Jon A. Hinden, Esquire

JAH/gki  
Enclosure

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Citrus Park - Trost International, Inc.  
Name of Corporation

DOCUMENT 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:

Jon A. Hinden, Esquire

Name of Contact Person

Hinden, McLean & Arbeiter, PA

Firm/Company

4430 SW 64th Avenue

Address

Davie, FL 33314

City/State and Zip Code

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

For further information concerning this matter, please call:

Jon A. Hinden, Esquire

Name of Contact Person

at ( 954 ) 587-3058

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Citrus Park - Trost International, Inc.
2. The principal office address: 25501 Trost Blvd., Bonita Springs, FL 34135
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5-30-80 Document number: 671733
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)

Lisa Truckenbrod, Esquire

Jolly & Peterson, PA

2145 Delta Blvd., Suite 200, Tallahassee, FL 32303

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jon A. Hinden, Esquire

Hinden, McLean & Arbeiter, PA

P.O. Box NOT acceptable

4430 SW 64th Avenue, Davie, FL 33314

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

T. Swan - President  
Signature of an officer or director

TAMARA SWAN - PRESIDENT  
Printed or typed name and title

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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

5/15/17  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed 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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA