Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000174548 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : 120120000007

: (702)866-2500

Fax Number

: (702)866-2689

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

REGISTERED AGENT CHANGE SEACREST RISK ADVISORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

C. GOLDEN

Electronic Filing Menu

Corporate Filing Menus - 5 2017.

Help

TO:

H170001745483

COVER LETTER

то:	Amendment Section Division of Corporations					
SUBJI	ECT: SEACREST RISH	ADVISORS, INC.				
	T VOLITIC .	or corporation				
DOCU	UMENT NUMBER:	F07000000690				
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:						
	Jessic	a Channell				
	Name of	a Chappell Contact Person				
	InCorp	Services, Inc.				
	Firm	V/Company				
	3773 Howard Hughes Pkwy. Suite 500S					
Address						
		•				
	Las Vegas, NV 89169-6014					
	City/State and Zip Code					
documents@incorp.com						
E-mail address: (to be used for future annual report notification)						
For furt	ther information concerning this matter, plea	Se call:				
Jessi	ica Chappell on behalf of InCorp Services	IDC at (700) acc acca				
	ica Chappell on behalf of InCorp Services. 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	Street Address: Amendment Section				

CR2E045 (03/12)

H170001745483

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

H 170001 745483

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

Pursuant to the	provisions of sections 607,0502, 617,050	2, 607.1508, or 617.1508, Flori	ida Statutes, this	
in orde	ange is submitted for a corporation organ er to change its registered office or registe	uzed under the laws of the State ered avent, or both, in the State	of Georgia	•
	the corporation: SEACREST RISK AD		ty i toriua.	
	office address: 1001 Whitaker Street S			
3. The mailing a	address (if different): PO Box 8004 Sa	vannah, GA 31412		
4. Date of incor	poration/qualification: 08/18/2011	Document number:	F07000000690	
5. The name and	i street address of the current registered ag timent of State: (If resigned, enter resigned	ent and revisiered office on file		
	NRAI SERVICE	ES, INC.	60°;	r.J
	1200 South Pine I	sland Road		
	Plantation, FL	. 33324	—	- 101
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered	office	-3 AX
	InCorp Service	es, Inc.		Š
	17888 67th Cou	ırt North		52
	PO Box NOT a			
	Loxahalchee, F	L 33470	_	
_	/ \			•
Such change variation in the such change was such control of the such change with the such change was a such change with the such change was a such change with the such change with the such change was a such change with the such change was a such change with the such change was a such change with the such change with the such change was a s	authorized by resolution duly adopted be board, or the corporation has been notif	y its board of directors or by a red in writing of the change.	n officer so	
- May	1. J	David Paddison, President		
	the appointment as registered agent and a comply with the provisions of all statute my duties, and I am familiar with and acc document is being filed merely to reflect that the corporation has been notified in what the corporation has been not the c	Printed or typed name and a agree to act in this capacity, is is relative to the proper and co- ept the obligation of my position to change in the registered offi- viting of this change.	mplete on as registered ice address, I	
Con a		June 21, 2017		
	ture of Registered Agent	Date		
f signing on beha	•			
	on behalf of InCorp Services, Inc. ad 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)

H170001745483