

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I201600000848
Phone : (800)345-4647
Fax Number : (800)432-3622

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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REGISTERED AGENT CHANGE PONN FINANCIAL MANAGEMENT, INC.

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

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of MASSACHUSETTS in order to change its registered office or registered agent, or both, to the State of Florida.

1. The name of the corporation: PONN FINANCIAL MANAGEMENT, INC.
2. The principal office address: C/O STEPHEN N. WILCHINS 20 WILLIAM STREET, SUITE 130
WELLESLEY, MA 02481
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/22/2007 Document number: F07000002705
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)

PONN, RICHARD1700 SE DARLING STREETStuartFL34897C/OStateCity/County

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

Capitol Corporate Services, Inc.615 East Park Avenue 2nd FlTallahasseeP.O. Box: MUST be completeFL32301

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.

[Signature] Stephen N. Wilchins, President
 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] 1/24/2020
 Signature of Registered Agent Date

If signing on behalf of an entity:

Jason Fischer, Asst. Secretary on behalf of Capitol Corporate Services, Inc.
 Type or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6127, TALLAHASSEE, FL 32314
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