

K71601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

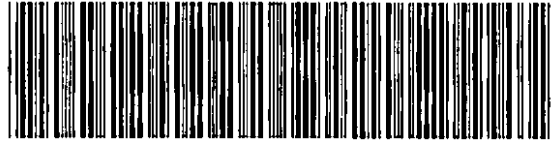
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500353337105

RECEIVED

OCT 13 2020

10/14/20--01007--011 **35.00

FILED
2020 OCT 13 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FL

11/18/20

Or

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mutual Trust Asset Management, Inc.
Name of Corporation

DOCUMENT NUMBER: K71601

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:

Jed Bander
Name of Contact Person
Mutual Trust Asset Management, Inc.
Firm/Company
1499 Gulf to Bay Blvd, #100
Address
Clearwater, FL 33755
City/State and Zip Code
jbandes12@verizon.net

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

For further information concerning this matter, please call:

Jed Bander at (727) 744-4422
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mutual Trust Asset Management, Inc.
2. The principal office address: 1494 Gulf to Bay Blvd, #100
Clearwater, FL 33755
(Same as above)
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/09/89 Document number: K71601
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)

Jed Bandes

2963 Gulf to Bay Blvd, #330

Clearwater, FL 33759

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

Jed Bands

1499 Gulf to Bay Blvd, #100

P.O. Box ~~NOT~~ acceptable

Clearwater, FL 33755

SECRETARY OF STATE
TALLAHASSEE, FL.

2020 OCT 13 PM 4: 52

770

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 of an officer or director

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 of Registered Agent

Date

m) 10/10/20

If signing on behalf of an entity:

Typed or Printed Name _____

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)