

LOS000118941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

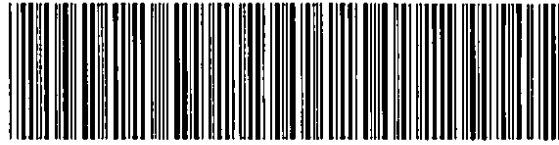
(Business Entity Name)

(Document Number)

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17 JUL 13 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JUL 14 10:52  
17

D. SCOTT  
JUL 14 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 720324 7391888

AUTHORIZATION : *Spence & Co.*

COST LIMIT : \$ 25.00

ORDER DATE : July 12, 2017

ORDER TIME : 9:35 AM

ORDER NO. : 720324-010

CUSTOMER NO: 7391888

CHANGE OF AGENT

NAME: OLIPHANT FINANCIAL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER: \_\_\_\_\_

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Oliphant Financial, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1800 Second Street, Suite 972 2601 Cattlemen Road, Suite 300  
Sarasota, FL 34236 Sarasota, FL 34232

3. 04/27/2017 4. L05000118941  
Date of filing/registration in Florida Document number

5. (a) Resigned  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Resigned  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street  
NEW Registered Office Address:  
\_\_\_\_\_  
Tallahassee, FL 32301

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Robert A. Morris  
Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature] BY: \_\_\_\_\_  
Signature of Registered Agent Corporation Service Company

Melissa Zender  
Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00