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(Requestor's Name)					
(Ad	ldress)	·			
(Address)					
(Cit	ty/State/Zip/Phone	∋#)			
PICK-UP	WAIT	MAIL			
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(Bu	isiness Entity Nan	ne)			
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Certified Copies	Certificates	of Status			
Special Instructions to	Filina Officer:				
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Office Use Only



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SECRETARY OF STATE

ALL AHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations				
CUDI	TROTE TRO	ISTEE E	ΙΝΔΝΙΟΙΔΙ	11.0	
SOB	SUBJECT: TRUSTEE FINANCIAL, LLC Name of Limited Liability Company				
				·P7	
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered	d Office Ch	ange and fee	(s) are submitted for f	iling.
Please	e return all correspondence concerni	ng this matt	er to the foll	owing:	
	DONALD R. DIZNEY				
	Name of Person		.		
	UNITED MEDICAL CORPOR	RATION			
	Firm/Company				
	603 MAIN STREET				
	Address				
	WINDERMERE FL 347	86			
	City/State and Zip Code				
E	-mail address: (to be used for future annual repo	ort notification)			
For fi	urther information concerning this m	atter, please	e call:		
	DONALD R. DIZNEY	at (1 07)	876-2200	
	Name of Person		Area Cod	e & Daytime Telephone Num	ber
	STREET/COURIER ADDRESS:		MAILING	ADDRESS:	
	Registration Section		Registration	Section	
	Division of Corporations			Corporations	
	Clifton Building		P.O. Box 63		
	2661 Executive Center Circle Tallahassee, Florida 32301	•	Tallahassee	, Florida 32314	
	Enclosed is a check for the follow	ving amou	nt:		
	\$25 Filing Fee	Г	¬\$55 Filins	Fee & Certified Copy	v

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	TRUSTEE FINANCIAL, LLC			
2. (a) Principal office address of limited liability comp	pany: 1 NORTH CLEMATIS STREET			
(Note: MUST BE STREET ADDRESS)	SUITE 400 WEST PALM BEACH FL 33401			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	1 NORTH CLEMATIS STREET SUITE 400			
	WEST PALM BEACH FL 33401			
3. Date of filing/registration in Florida	4. Document number			
(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	KEVIN BARKMAN ES 5			
Registered Office Address:	603 MAIN STREET WINDERMERE FL 34786 7			
 (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: 	GREGORY YOUNG ANGELL PALMER & DODG			
(MUST BE FLORIDA STREET ADDRESS)	1 NORTH CLEMATIS STREET WEST PALM BEACH ,FL33401			
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the	he Florida street address of the registered office dentical. Or, in the case of a Florida limited			
Signature of a member or authorized representative of a member				
KEVIN BARKMAN Printed or typed name of signee	<u> </u>			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	and agree to act in this capacity. I further agree to e proper and complete performance of my duties, by position as registered agent as provided for in to merely reflect a change in the registered office ipany has been notified in writing of this change.			
Signature of Registered Agent				

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