10000001794

| (Reque: | stor's Name) | | | |
|-------------------------------|------------------------|--|--|--|
| (Addres | s) | | | |
| (Addres | s) | | | |
| (City/St | ate/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (Busine | ss Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filin | g Officer: | | | |
| . 1 | | | | |
| | ; | | | |
| | | | | |

2

Office Use Only



000252112930

09/30/13--01019--017 **25.08

IALL SEP 30 AM 10: 07

J. SAULSBERRY EXAMINEL OCT 3 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orange Park Trust Services, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas C. Santoro

Name of Person

Orange Park Trust Services, LLC

Firm/Company

5000-18 Hwy 17, Suite 92

Address

Fleming Island, FL 32003

City/State and Zip Code

karen@tmpfl.com

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

For further information concerning this matter, please call:

Karen Liessmann

...904 \ 215-8666

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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

| Pursuant to the provisions of liability company submits the agent, or both, in the State of F | following statement in o | 8.308, Florida Statutes, the rder to change its registere | e unders ed office | igned or reg | limited zistered |
|---|---|--|--|--|--------------------------------------|
| Name of the limited liability company: Orange Park Trust Services, LLC | | | <u> </u> | | |
| 2. (a) Principal office address of limited liability company: 5000-18 Hwy 17, Suite 92 (Note: MUST BE STREET ADDRESS) Fleming Island, FL 32003 | | - | : | | _ ; |
| (b) Mailing address of limit | | 5000-18 Hwy 17, Suite 92 Fleming Island, FL 32003 | | | _ . |
| 6/9/2010 | | L10000061794 | | | |
| 3. Date of filing/registration in | Florida | 4. Document number | - T | 2013 | |
| 5. (a) Registered Agent and R | Registered Office shown | on the records of the Florida | Dept. o | | : -; |
| Registered Agent: | | Thomas C. Santoro | | ပ် | |
| Registered Office Address: | 1700 Wells Rd #5 | ? | 327 335 | : [| |
| | Orange Park, FL 32068 | | <u></u> | • | |
| NEW Registered Office | | 5000-18 Hwy 17, Suite 92 | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | | Fleming Island | F | | ••• |
| If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby the members of the limited hab the operating agreement of the Signature of a member or authorized representation. | or changes are made, the egistered agent will be id confirmed that the change wilty company or as other timited liability company | e Florida street address of the entical. Or, in the case of a e(s) was/were authorized by rwise provided in the article | ie registe Florida l an affirn | red of limited native | vote of |
| Thomas C. Santoro Printed or typed name of signee I hereby accept the appointme comply with the provisions of and I am familiar with and acceptanter 608, F.S. Or of this daddress, I hereby confirm that | | d agree to act in this capact proper and complete perfor position as registered agen merely reflect a change in t | ity. I furi rmance o it as prov he regist | ther as if my a ided f ered o | gree to juties, or in ffice |
| Signature of Registered Agent | | uny nuo veen nonneu m wr | ang oj u | ns on | mge. |

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