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COVER LETTER

TO: Registration Section Division of Corporations					
	ement Services, LLC				
	ed Elability 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:				
John Dowd Name of Person					
Fl trust mgt services, Ll	.C				
Firm/Company					
415 Mountain Drive, Suite S					
Address					
Destin, Florida 32541	20				
City/State and Zip Code					
john@dowdlawfirm.com	FE, 2				
E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please call					
	50 362-6143				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:					
\$25 Filing Fee	■ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

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. Na	nme of the limited liability company: Florid a Tr	ust Ma	unac	jemen	nt Ser	vices,	LLC
2. (a)		(b)	·				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	M	_	ess of limited		
		- -					
	11/14/2011		LII	000	1294	64	
3.	Date of filing/registration in Florida	4.	1	Document	t number		
5. (a)	Dowd Law Firm, PA	DI 11 D					
	Registered Agent and Registered Office shown on the records of the		i, or State:				
	25 Beal Parkway NE						
	Registered Office Address (MUST BE FLORIDA STREET A.	<u>DDRESS)</u>					
	Suite 230						
	Fort Walton Beach. FL	3254	<u>&</u>				
(b)	Dowd Law Firm, PA						
	Enter name of NEW Registered Agent and/or NEW Registered C	Office address	į				
	415 Mountain Drive				C	o 😤	
	NEW Registered Office Address:				<u></u>	174	
	Snite 5						2
	n ,				<u> </u>	1024 SEP 20	•
	Destin .FL	3254	11_), i	·)	••
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab ere atthorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	egistered off sility compar the limited	fice and ny, it is liability ity comp	the busin hereby co company pany.	ess office of onfirmed that or as other	of the regis it the chan wise provi	tered ige(s) ided in
	NC(XC)			John	R. Ooy	vd, Jr.	
Signa	thre of a member or authorized representative of a member			Printed or t	yped name of	signee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of flux change.	e to act in th erformance for in Chapt creby confiri	his capac of my di ter 605, m that th	ritv. 1 fur uties, and F.S. Or, se limited	ther agree i Lam famili if this docu liability co	o comply ar with an ment is be mpany has	with the ad accept ing filed s been
Signat	re of Registered Agent						

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Florida Trust Management Name of Limited Lia					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the fo	ollowing:				
John Dowd Name of Person FL trust mgt Services, LLC					
415 Munitain Drive, Shite S Address	SEORE VIEW				
Destin, Florida 32541 City/State and Zip Code	PH 4: 36				
	77.60				
john adaw dlawfirm. Com E-mail address: (to be used for future annual report notific	<u>-at</u> ion)				
For further information concerning this matter, please call:					
Name of Person at (850	362 - 6143 Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:					
\$25 Filing Fee	Filing Fee & Certified Copy				
INHS18 (2/14)					

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.

l. Na	me of the limited liability company: Florid a Trust Mana	gement Services, LLC
2. (a)	(b)	•
, ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/14/2011	
		1000129464
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Dowd Law tirm, PA	
• •	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
	25 Beal Parkway NE	202 7
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	- SS ISS
	Snite 230	2021 SEP 20 SEDRETALL
	Fort Walton Beach, FL 32548	
(b)	Dowd Law Firm, PA	- 23 중
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	, , , , , , , , , , , , , , , , , , , ,
	415 Mountain Drive	_
	NEW Registered Office Address:	
	Snite 5	_
	Destin ,FL 32541	_
change agent w was/we	mited liability company is not organized under the laws of the State of Floor changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is real thorized by an affirmative vote of the members of the limited liability cless of organization or the operating agreement of the limited liability company.	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
<u> </u>	pc(xc)	John R. Oowd, Jr. Printed or typed name of signee
Signat	ore of a member or authorized representative of a member	Printed or typed name of signee
I hereb provision the obli to mere notified	by accept the appointment as registered agent and agree to act in this cape ons of all statutes relative to the proper and complete performance of my of gations of my position as registered agent as provided for in Chapter 605 by reflect a change in the registered office address. I hereby confirm that if in yriting of flus change.	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signatur	e of Registered Agent	