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## **COVER LETTER**

TO: Registration Section

Division of Corporations							
SD Trust Services, LLC	SD Trust Services, LLC						
SUBJECT: Name of	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:							
Robert Arnold, Jr.							
Name of Person							
SD Trust Services,LLC							
Firm/Company							
801 W State Road 436, Suite 2065							
Address							
Altamonte Springs, FL 32714							
City/State and Zip Code	<u> </u>						
rarnold@sdrhouses.com							
E-mail address: (to be used for future annua	report notification)						
For further information concerning this matter, pl	ease call:						
Robert Arnold, Jr.	407 389-7318						
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:							
<b>2</b> \$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	me of the limited liability company: SD Trust S	ervices, l	LLC	
2.				b)	
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		801 W. State Road 436, Suite 2065		801 W.	State Road 436, Suite 2065
		Altamonte Springs, FL 32714		Altamor	nte Springs, FL 32714
		4/22/2013		L130000	58753
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Sand Dollar Realty Group, Inc.			
	(-)	Registered Agent and Registered Office shown on the records	of the Florid	la Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 801 W. State Road 436, Suite 2065				Access
			00744		ZÜM APR. SECRETA ALLAHAS
		Altamonte Springs	FL_32714	-	- £ 20 20 20 20 20 20 20 20 20 20 20 20 20
	(b)	Fineberg, Arnold, & Associates, LLC			SE SE
Enter name of NEW Registered Agent and/or NEW Registered O		red Office a	ddress:	- Egg B m	
					PHIZ: 43
					- Dr. t.
		NEW Registered Office Address:			
		801 W. State Road 436, Suite 2063			
		Altamonte Springs	<sub>FL</sub> 32714	ļ	_
the age	channt works/we	mited liability company is not organized under the nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the company of the company of the operating agreement of the company of the	of the reg l liability c s of the lir he limited	istered offic company, it nited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
S	ignat	ire of a member or authorized representative of a member			Printed or typed name of signee
pro the	visie obli nere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and complete gations of my position as registered agent as providing reflect a change in the registered office address, it is written this change.	ete perforn ded for in	nance of my Chapter 60	duties, and I am familiar with and accept  5. F.S. Or. if this document is being filed
Sig	nātur	e of Registered Agent			