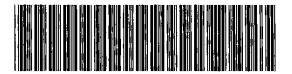
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(Re	equestor's Name)					
(Address)						
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						





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JUH 27 2013

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SOUTHTRUST, LLC		
	me of Limited Liability Company	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
David Fraser		
Name of Person		
Pozios Fraser, PLLC		
Firm/Company		
40 Macomb Pl		
Address		
Mt. Clemens, MI 48043		
City/State and Zip Code		. ~
davidpfraser@outlook.com	r ří Francisco Pra	205
E-mail address: (to be used for future and	nual report notification)	
For further information concerning this matter	, please call:	22 1
David Fraser	586 315-5529	ਨੂੰ ਫ
Name of Person	Area Code & Daytime Telephone Nun	nber —
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	g 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.

Florid					·	,
1. N	ame of the limited liability company: SOUTHTI	RUST, LL	<u> </u>			
2. (a)	711 5th Avenue South	(_{b)} 711 5th	Avenue Sout	th	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		·	Mailing address of l	-	
	Suite 200		Suite 20	10		
	Naples, FL 34102		Naples,	FL 34102		
	01/27/2016		L160000	18824		
3.	Date of filing/registration in Florida	4.		Document num	iber	
5. (a)	FRASER, DAVID					
0. (u)	Registered Agent and Registered Office shown on the record	ds of the Floric	la Dept. of State	- e:		
	711 5th Avenue South					
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>(S)</u>	-		
	Suite 200			_		
	Naples	, FL_34102	<u> </u>	_		
(b)	E. James Kurnik				2016 TALL	
(0)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office a	ddress:	-	AHA NUL NUL	
	711 Fifth Ave. South				N 24 ASSEI	
	NEW Registered Office Address:			-)
	Suite 200			_	- 5° 5	
	Naples	, _{FL} 34102	2	_		.
signa I here provisithe oblito merci	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of /s/ David P. Fraser ture of a member or authorized representative of a member by accept the appointment as registered agent and in so of all statutes relative to the proper and complety reflect a change in the registered office addressed in writing of this change. /s/ E. James Kurnik	ed liability cers of the limited Da	istered office company, it is nited liability liability com wid P. Fras	e and the business hereby confirm y company or as npany. Ser Printed or typed name of the printed or typed name of the printed or typed name of typed name	ss office of the ned that the characteristic pro-	e registered ange(s) ovided in

Signature of Registered Agent