m15000006170

| (Re | equestor's Name) | |
|-------------------------|----------------------|--|
| | | |
| (Ad | ldress) | |
| · | · | |
| 74.1 | 13 | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone # | () |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Ru | isiness Entity Name | <u>,, </u> |
| Du) | isiness Endry Name | ?) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | Certificates o | of Status |
| | | |
| | | |
| Special Instructions to | Filing Officer: | |
| • | | |
| | | |
| | | |
| | | |
| | | İ |
| | | Į. |
| | | |
| | | |

Office Use Only



400287199754

MIS THE 24 A 4 05TH

T E D

15 JIW 24 PM 1: 33

AND SECULATION OF THE PROPERTY
S Warren JUN 2 7 2016



NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

Albany • Charlotte • Chicago • Dover • Los Angeles • New York • Sacramento • Springfield • Tallahassee • Washington, D.C. • Hong Kong • London

| Date: 06/24/2016 | Account #: I20000000088 |
|--|-------------------------|
| Name: Tamara Clark | |
| Reference #: M080985 | |
| ENTITY NAME: U.S. CORPORATE GROUP/TRUST, LLC | |
| Articles of Incorporation/Authorization to Transact Business | |
| Amendment | |
| Annual Report | |
| Change of Agent | |
| Reinstatement | |
| Conversion | |
| Merger | |
| Dissolution/Withdrawal | |
| Fictitious Name | |
| Other: | |
| | |
| | |
| | |
| Authorized Amount: #\J\S\n\Q\ | |
| Authorized Amount: #\ \frac{\partial J \signature: \frac{\partial Amas \frac{100}{200}}{200} | |

COVER LETTER

| | Registration Section Division of Corporations | | | | |
|---|--|---|------------|-------------|--------------------------------|
| SUBJEC | CT: U.S. Co | orpora | ite Gro | oup/Tru | st, LLC |
| | Nar | ne of Li | mited Li | ability Co | ompany |
| Dear Sir | or Madam: | | | | |
| The encl | osed Registered Agent/Registered Off | ice Cha | nge and | fee(s) are | submitted for filing. |
| Please re | eturn all correspondence concerning the | is matte | er to the | following | : |
| | Kevin Burke | | | | |
| | Name of Person | | | | |
| | Foundation Manageme | nt | | | |
| | Firm/Company | · | | | |
| | 7645 Gate Parkway, Ste. | 106 | | | |
| | Address | | | | |
| | Jacksonville, FL 3225 | 6 | | | |
| | City/State and Zip Code | | | | |
| | kburke@foundationmgt | net | | | |
| E-n | nail address: (to be used for future ann | | ort notifi | cation) | |
| For furth | er information concerning this matter | please | call: | | |
| | Stephanie Orr | at (_ | 866 |) | 621-3519 |
| | Name of Person | | | Area Co | ode & Daytime Telephone Number |
| F [(2 | Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a check for the following amount: | | | | | |
| ľ | 🛚 \$25 Filing Fee | | □ \$5 | 5 Filing F | ee & 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: | .S. | Corporat | e Group/Trust, LLC | | |
|------------|-------------|--|-------------------------------|---|--|--|--|
| 2. (| (e) | 501 Riverside Avenue Suite 600 Jacksonville FL 32202 | ı ı | (b) | | | |
| 2. | (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - | (9) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| 3. | | 08/12/2015 Date of filing/registration in Florida | - 4. | | M15000006370 Document number | | |
| 5. (a) | | Fisher, Tousey, Leas & Ball, P | | | | | |
| | | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | |
| | | 501 Riverside Avenue Suite 600 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | | Jacksonville , FL_ | | 332202 | | | |
| | (b) | National Corporate Research, Ltd., I | nc. | | | | |
| , | (0) | Enter name of NEW Registered Agent and/or NEW Registered O | | nddress: | - 9. 05 | | |
| | | 115 North Calhoun Street, Suite 4 | ı | | <u> </u> | | |
| | | NEW Registered Office Address: | | | | | |
| | | Tallahassee , FL_ | | 32301 | _ | | |
| the age | cha nt v | imited liability company is not organized under the laws nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he re vility the | egistered offi company, it limited liabil | ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in | | |
| | | | | | Kevin Burke | | |
| | | ture of a member or authorized representative of a member | | | Printed or typed name of signee | | |
| | ijied V | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete prigations of my position as registered agent as provided by reflect a change in the registered office address, I held in writing of this change. Welle Walker Hessel Control of Registered Agent | e to erfo for t ereb | act in this ca rmance of m in Chapter 60 y confirm tha | pacity. I further agree to comply with the values, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been | | |

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