N0500000691

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #) .
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SECRETARY OF STATE
AFFAHASSEE, FLORIDA



COVER LETTER

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

. 15

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the statement of change is submitted for a corporation organized under the laws of the State of Along in order to change its registered office or registered agent, or both, in the State of Florida.	ris Da	•
1. The name of the corporation: Kanton Bank Landings Hameaurrow Co. 2. The principal office address: 1731 N. W 6 St. St. H.	. 200	ywc
Mainonville 2 32609		
3. The mailing address (if different): P.O. Box 14566		
4. Date of incorporation/qualification: 61 \ \ 2 - 2005 Document number: NO50000	1069	{
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
T attempt, retinel		
20170 Banch Rand		
Panny 21 32348		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	SECRETA TALLAHA	06 SEP I
1731 N.W 6th St StaA	RY OF	- PH
(P.O. Box NOT acceptable)	STAT FLORI	2: 5
The street address of its registered office and the street address of the business office of its regist as changed will be identical.	ered age	nt,
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.	so	
(Signature of an officer or director) (Printed or typed name and title)		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete p of my duties, and I am familiar with and accept the obligation of my position as registered agent document is being filed merely to reflect a change in the registered office address, I hereby conficorporation has been notified in writing of this change.	performa t. Or, if ìrm thát	nce this the
(Signature of Registered Agent) (Date)		
If signing on behalf of an entity: Lugere Hautler (Typed or Printed Name)		

* * * FILING FEE: \$35.00 * * *