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(((H24000105689 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ROSSWAY SWAN TIERNEY BARRY LACEY & OLIVER, P.L.

Account Number : 120050000159

Phone

: (772)231-4440

Fax Number

: (772)231-4430

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE ALLTRUST PAYEE CORPORATION, INC.

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COVER LETTER	(((H24000105689 3)))	
TO: Amendment Section Division of Corporations		
SUBJECT: Alltrust Payee Corporation, Inc. Name of Corporation		
DOCUMENT NUMBER: N13000000201		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted	ed for filling	
Please return all correspondence concerning this matter to the following:	w or ming.	
Margaret M. Battershell		
Name of Contact Person	202	
	2024 HAR 20 SEUGE DAR TALLAHA	
Firm/Company	TAR TAR	
P.O. Box 650369	R 20 AHAS	
Address	() \(\sim\)	
Vero Beach, FL 32965	SEC A	
City/State and Zip Code	mu a 🛡	
E-mail address: (to be used for future annual report notification)	AH 10: 55 OF STATE SEE, FL	
For further information concerning this matter, please call:		
Margaret M. Battershell	سع.۱۲. س	
Name of Contact Person Area Code & Daytime	- 0165 Telephone Number	
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

(((H24000105689 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED ((1924-0001-05-05-05)))

мистепи ој сп	e provisions of sections 607,0502, 617,0; hange is submitted for a corporation orge for to change its registered office or regi	unized under the loss of the State of N	Florida		
	The name of the corporation: Alltrust Payce Corporation, Inc. The principal office address: 601 21st Street, Bank of America Building, Suite 347, Vero Beach, FL 32960				
3. The mailing	address (if different): P.O. Box 650369,	Vero Beach, F1. 32965			
4. Date of inco	rporation/qualification: 1/4/2013	Document number: N1300000	00201	-	
5. The name an	nd street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file usi	th the		
	Rebecca F. Emmons, Esq.		124.1		
	2211 Cardinal Drive		2024 MAR 2		
	Vero Beach, FL 32963		O AS		
6. The name an (if changed):	d street address of the new registered ago	ent (if changed) and /or registered offi	AM 10: 55 OF STATE SEE, FL		
	2101 Indian River Blvd., Suite 200				
	P.O. Be Vero Beach, FL 32960	ox NOT acceptable			
The street address changed will	ess of its registered office and the street	address of the business office of its	registered agent.		
Such change was	as authorized by resolution duly adopte he board, or the corporation has been no				
Margar	et 11. Dattudull	Margaret M. Battershell, President Printed or typed name and title			
O -	the appointment as registered agent ar to comply with the provisions of all stated ad I am familiar with and accept the ob- ing filed merely to reflect a change in the began notified in writing of this change				
	CLECA F. (MMOVD) TRACTICAL OF REGISTERED A BENEFIT	3/19/24/ Prote			
- •	chalf of an entity:				
Rebecca F. Emm	yped or Printed Name				
•:	Now or a control Louise.				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)