

Division of Corporations

N13000008655

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000098392 3)))



H160000983923ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RE-SUBMIT

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Please retain original filing
date of submission 4/20

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

Email Address: _____

**REGISTERED AGENT CHANGE
THE PRESERVATION POOLED TRUST FUND, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

ATTN: Annette Ramsey

FILED
16 APR 20 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

APR 27 2016
A RAMSEY



April 21, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

THE PRESERVATION POOLED TRUST FUND, INC.

17888 N. US HWY 41

LUTZ, FL 33549

SUBJECT: THE PRESERVATION POOLED TRUST FUND, INC.

REF: N13000008655

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please fill in the principal office address on line #2 (17888 N. US Hwy 41, Lutz, FL 33549) and please change the registered agent's address in paragraph 5 to be the same as the principal address as listed above.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H16000098392
Letter Number: 316A00008251

RE-SUBMIT

Please retain original filing
date of submission 4/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE PRESERVATION POOLED TRUST FUND, INC.

Name of Corporation

DOCUMENT NUMBER: N13000008655

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Tasevoli

Name of Contact Person

CT Corporation

Firm/Company

900 Merchants Concourse Ste 405

Address

Westbury, NY 11590

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Tasevoli

888

579-0286

at ()

Name of Contact Person

Area Code & Daytime 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR18045 (03/12)

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, this statement of change is submitted for a corporation organized under the laws of the State of FL _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE PRESERVATION POOLED TRUST FUND, INC.
2. The principal office address: 17888 N. US HWY 41 LUTZ, FL 33549
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 09/25/2013 Document number: N13000008655

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

THE LAW OFFICES OF JOHN A. WILLIAMS, PLLC

17888 N US HWY 41

LUTZ, FL 33549

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C.T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

John A. Williams

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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System
[Signature]
Signature of Registered Agent

4/20/16
Date

If signing on behalf of an entity:

Karen Fugelsang Asst. Secretary

Typed or Printed Name

*** 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 (03/12)