P0000005483

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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TO:

Amendment Section Division of Corporations

SUBJECT: ROBERT	C. FULL INC
· · · · · · · · · · · · · · · · · · ·	Name of Corporation
DOCUMENT NUMBER: Y	1100000 FILST

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:

Robert C Lurs Trustee Onc.	Darlere Anderson Name of Contact Person
2255 Alader Rd. Suite 301E	/ Name of Contact Person
Addiess	Robert C Furr Trustee Onc.
Bora Raton Jl 33431 City/State and Zip Code	2255 Alader Rd. Suite 301E
	Bosa Raton Jl 33431 City/State and Zip Code
DANDERSON @ FURR COHEN.COM E-mail address: (to be used for future annual report notification)	DANDERSON @ FURR COHEN.COM

For further information concerning this matter, please call:

Name of Contact Person at (511) 395-0500

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

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ROBERT C. FULL TRUSTEE INC.
2. The principal office address: 2255 GLADES RD., SWITE 301E BOLA RATON, FL 33431
3. The mailing address (if different):
4. Date of incorporation/qualification: D1-10-2000 Document number: P0000005483
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)
ROBERT C. FUER
2255 GLADES RD, SILITE 357W
BOCH RATON, FL 33431
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ROBERT C. FUER
2255 GLADES RD., Suite 3DIE
BOCA RATON, FL 33431
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.
ROBERT C. FURR 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.
MAY 2, 2018 Signature of Registered Agent MAY 2, 2018 Date
If signing on behalf of an entity:
ROBERT C. FURA Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

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