Florida Department of State

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Division of Corporations

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S hange is submitted for a corporation organized under the laws of the State of <u>F</u> der to change its registered office or registered agent, or both, in the State of Fi	lorida
	The corporation: Apollo Bank	
	al office address: 1150 South Miami Avenue	
• 1	Miami, FL 33130	
3. The mailing	address (if different): n/a	
4. Date of incom	rporation/qualification: 12/11/2000 Decument number: Pi	00000113305
5. The name an Florida Depa	nd street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	i the ***
	None	
		29
6. The name an (if changed):	ed street address of the new registered agent (if changed) and /or registered office	AM 9: 50
	Corporation Company of Miami	
	201 S Biscayne Blvd., #1500 (BB) P.O. Rux. NOT scorptable	
	Miami, FL 33131	
The street addr	ess of its registered office and the street address of the business office of its	registered agent,
Such change wathorized by t	vas authorized by resolution duly adopted by its board of directors or by an othe board or the corporation has been notified in writing of the change.	officer so
Signatu	Richard H. Daile Printed or Upretto and State St	y, President
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and computed I am familiar with and accept the objigation of my position as registered ing the merely to reflect a change in the registered office address, I hereby a been notified in writing of this change.	vlete performance agent. Or, if this confirm that the
By:	Qualitire of Registered Agent Date	201/
If signing on be	shalf of an entity:	
	Cavell Anderson , Assistant Secretary year or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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