

PO2000008390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700070760557

04/17/06 - 01007-007 *\$70.00

FILED

06 APR 17 PM 3:28

SECRETARY OF STATE
TELEPHONE CLERK

10:00:00

06 APR 18 2011:01

10:00:00

RA Chong

G. Ouellette

APR 18 2006

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Orion Bank

Signature _____

Requested by: WL

Name _____

Date 4/17

Time 2:00

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA ~~Resignation~~ Change

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

Courier _____

**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: ORION BANK
2. The principal office address: 3838 TAMiami TRAIL NORTH
NAPLES, FL 34101
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/25/02 Document number: P02000008390
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JERRY J. WILLIAMS
3838 TAMiami TRAIL, NORTH
NAPLES, FL 34103

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

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., STE. #1
(P.O. Box NOT acceptable)
TALLAHASSEE, FLA. 32301

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)

Jerry J. 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.

[Signature]
(Signature of Registered Agent)

4/17/06

(Date)

If signing on behalf of an entity:

Weimar Lopez for Capital Connection, Inc.

(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 (8/05)

FILED
06 APR 17 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA