P05000057918

(Requestor's Name)				
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Doc	cument Number)	· ·		
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300162170413

11/09/09--01031--014 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Rolch8 101/11/09

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: All Florida Land Trust Services Corp. Name of Corporation							
DOCUMENT NUMBER: P05000057918							
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:							
. read term an enterpointence concerning this matter to the following.							
John Runion							
Nam	e of Contact Person						
All Florida Land Trust Services Corp							
	Firm/Company						
	2040 5111 4						
**************************************	2016 Elliott Address						
	Address						
Lak Cirv	eland, FL 33805 /State and Zip Code						
City	State and Zip Code						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter,	please call:						
John Runion	at (863) 644-6400						
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	Street Address: Amendment Section						
Division of Corporat	· · · · · · · · · · · · · · · · · · ·						
P.O. Box 6327	Clifton Building 2661 Executive Center Circle						
Tallahassee, FL 323	Tallahassee, FL 32301						

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

statement of cha	provisions of sections 607.0502, 617 nge is submitted for a corporation o r to change its registered office or re	rganized under the laws (of the State of Florida	
1. The name of the	he corporation: All Florida Lau office address: 2016 Elliott, Lak	nd Trust Services		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:4/20/	Document nun	nber: <u>P05000</u>	057918
	I street address of the current registe tment of State: (If resigned, enter re		ffice on file with the	
	JohnRunion			
	3923 Serenac	le Lane		
	Lakeland, Fl 3	33811		TALLA SECK
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /o	r registered office	101 -9 HASSO
	John Runion			量
	2016 Elliott, Lakeland, FL	33805 ox NOT acceptable		09 NOV -9 AHIO: 42
The street addre	ess of its registered office and the s he identical.	treet address of the busin	ness office of its regist	ered agent,
Such change was authorized by the	as authorized by resolution duly ad the board or the corporation has be	opted by its board of dir en notified in writing of	ectors or by an officer the change.	·so
	re of an officer or director		Runion, President	<u> </u>
I hereby accept I further deree to of my duties, an document is per corporation has	the appointment as registered age to comply with the provisions of all the familiant accept the first and accept the first series to reflect a change series to this characters are the first and the first accept to reflect a change of this characters are the first and the first accept the first and the first acceptance of the first acceptanc	nt and agree to act in the l statutes relative to the l e obligation of my positi in the registered office o ange.	is capacity, proper and complete p on as registered agent address, I hereby confi	performance t. Or, if this irm that the
- Was	A Capital Acan		11/2/09 Date	
	thatife of Registered Agent		Date	
T	yped or Printed Name			

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