P05000124565

175 Timacuan Boulevard Lake Mary, Florida 32746 -(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



400141392044

01/20/09--01011--004 **35.00

RA Rolly

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	· · · · · · · · · · · · · · · · · · ·
1. The name of t	the corporation: Floridian Financial Group, Inc.	
2. The principal	office address: 1696 Clyde Morris	<u> </u>
Daytona B	each, FL 32117	
3. The mailing a	ddress (if different): Same	-
4. Date of incorp	poration/qualification: 09/08/2005 Document number: P05000124565	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	o Sind
	John D. Waters	Stor
	1696 N. Clyde Morris Blvd.	AN 20
	Daytona Beach, FL 32117	ORPOS PROS
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SECRETARY OF STATIONS OF JAN 20 PM 1:55
	Charlie W. Brinkley, Jr.	
	175 Timacuan Boulevard (P.O. Box NOT acceptable)	
	Lake Mary, Florida 32746	
as changed will	ess of its registered office and the street address of the business office of its registere be identical.	
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
(Signal	Charlie W. Brinkley, J	<u>r.</u>
I hereby accept I further agree of my duties, at 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 complete performed I am familiar with and accept the obligation of my position as registered agent. It is gilled merely to reflect a change in the registered office address, I hereby confirm to be a confirmation of this change.	ormance Or, if this that the
(MILL)	January 14, 2009 (Belle)	
If signing on b	chalf-of an entity:	
Charlie	Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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