Po5500/68442

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 2 DOC S/ Check

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OR HAY 19 AH 11: 28
SECRETARY OF STATE



COVER LETTER

Division of Corporations
UBJECT: Old Southern Bank
(Name of Corporation)
OCUMENT NUMBER: P05000168442
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:
Amanda Kuzicki
(Name of Contact Person)
Killgore, Pearlman, Stamp, Ornstein & Squires, P.A. (Firm/Company)
2 South Orange Avenue, 5th Floor
(Address) Orlando, Florida 32801 (City/State and Zip Code)
For further information concerning this matter, please call:
Amanda Kuzicki at (407) 425-1020 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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 Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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 nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	-	
1. The name of t	he corporation: Old Southern Bank		
2. The principal	office address: 250 North Orange Avenue, Orlando, Florida 32801-1819	<u> </u>	_
3. The mailing a	ddress (if different):		- -
4. Date of incorp	poration/qualification: 12/30/2005 Document number: P05000168442		<u> </u>
	street address of the current registered agent and registered office on file with the trnent of State:	98	
	none AR	MAY	Th
	· SS	9	
		2	1
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	: 28	
	Killgore, Pearlman, Stamp, Ornstein & Squires, P.A.		
	2 South Orange Avenue, 5th Floor		
	(P.O. Box NOT acceptable) Orlando, Florida 32801		
The street addre	ess of its registered office and the street address of the business office of its registered ager be identical.	ıt,	
	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.		
Grey K	GREY Sources Bintord Di GREY Sources Bintord Di (Printed or typed name and title)	<u>'</u> C!(,	TOR
Thereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered ayent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performan d I am familiar with and accept the obligation of my position as registered agent. Or, if t ng filed merely to reflect a change in the registered office address, I hereby confirm that to been notified in writing of this change.	ice his he	
That	gnature of Regretered Agent) (Date)	_	
	half of an entity:		
Martin F. Star	mp, Vice President		
(7	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)