

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 1201000000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## REGISTERED AGENT CHANGE ADAM BANK GROUP, INC.

Certificate of Status	0
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: ADAM BANK GROUP, INC.

Name of Corporation

DOCUMENT NUMBER: P06000074066

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:

Amy Gaines

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Gaines at (888 705-7274

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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 15129570210

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

statement of cha	provisions of sections 607,0502, 617,0502 nge is submitted for a corporation organi; r to change its registered office or register	zed under the laws of the State of _	FLORIDA
i. The name of t	he corporation: ADAM BANK GROU	JP, INC.	· · · · · ·
2. The principal	office address: 14040 SW 20TH AV	ENUE RD	
OCALA		34473	
	ddress (if different): One Momentum Station, TX 77845	Boulevard Suite 1000	
4. Date of incorp	poration/qualification: 05/30/2006	Document number: P0600	0074066
5. The name and	street address of the current registered ag timent of State: (If resigned, enter resigned	gent and registered office on file wi	
	ADAM, DONALD A		
	14040 SW 20TH AVENUE RD		25 33 38 38 38 38
	OCALA, FL 34473		FIL 26 SECRETARY TALLAHA
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):			
Registered Agent Solutions, Inc.  155 Office Plaza Dr., Suite A			
	Tallahassee, FL 32301	acceptable	
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of it	s registered agent,
	is authorized by resolution duly adopted the board, or the corporation has been noti		
S  Donald &	A. Adam	Donald A. Adam	Chairman
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered agent and to comply with the provisions of all statum my duties, and I am familiar with and act is document is being filed merely to reflect that the corporation has been notified in	tes relative to the proper and com cept the obligation of my position ct a change in the registered offic	plete i as registered
	Ur C	07/26/2018	
-	half of an entity:	Date	
	pell - Assistant Secretary		