## Poloco 138104

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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Charge

04/12/07--01009--008 \*\*105.00

FILED

2007 APR 12 PH 4: 29

SECRETARY OF STATE

102 4/16/07

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Sarver Financial Corporation (Name of Corporation)
DOCUMENT NUMBER: P06000 138104
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:
Connie Jo Payne (Name of Contact Person)
Saques Financial Corposation (Firm/Company) Posation
1900 Summit Tower Blad., Ste. 820 (Address)
Oclando, FL 32810 (City/State and Zip Code)
For further information concerning this matter, please call:
Connie To Royne at (407) 875-3400 (Area Code & Daytime Telephone Number)
E. J. 1. 205.00 J. J. J. J. D. J. S. G. J. J. J. J. S. G. J. J. J. J. S. G. J.

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS
FOR CORPORATIONS  FILED  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 affile Apare of for ide is registered office or registered agent, or both, in the State of Floridal: 29
1. The name of the corporation: Sacuer Financial TALLAHOSSER TOTAL
2. The principal office address: 1900 Summit Tower Blud. Ste. 820
Orlando, FL 32810
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/31/06 Document number: P06000 138 (04)
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Ronald Palmer
1900 Summit Tower Blud. Ste. 820
Orlando, FL 32810
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Connie Jo Rayne
1900 Summit Tower Blud., Ste. 820 (P.O. Box NOT acceptable)
Octando, FL 32810
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.
(Pynied of 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 corperation has been notified in writing of this change.
(Signature of Registered Agent)  (Date)
If signing on behalf of an entity:
n signing on behan of an entity.
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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