## P080000 29724

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	: #)			
PICK-UP	MAIT	MAIL			
(Bu	usiness Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
Special Instructions to	Filing Officer:				

Office Use Only



400325271174

02/26/19--01023--008 \*\*35.00

R WEST

EAR 5 20.3







CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800<sub>4</sub> 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Raker amanda.raker@cscqlobal.com

Date: February 22, 2019

Order#: 638325/024

Re: FLORIDIAN CUSTODY SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Amanda Raker c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	provisions of sections 607,0502, 61 inge is submitted for a corporation ( r to change its registered office or r	organized under the la	ws of the State o	FLORIDA	<b>u</b> .
	he corporation: FLORIDIAN CUST	•		, , , , , , , , , , , , , , , , , , , ,	
	office address: 2500 Weston Road				
3. The mailing a	ddress (if different):		<u> </u>		
4. Date of incorp	poration/qualification: 03/20/2008	Document	number: P0800	0029724	
	I street address of the current registe timent of State: (If resigned, enter re	_ ~	ed office on file	with the	
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROA	D	, ,	201	
	PLANTATION	FL	33324	2019 FEB	7
6. The name and (if changed):	street address of the new registered	l agent (if changed) an	d /or registered o	office 2	
	Corporation Service Company			PH 5: 4	
	1201 Hays Street				
		NOT acceptable	22204		
	Tallahassee	FL	32301	_	
The street addre	ss of its registered office and the s be identical.	treet address of the bu	siness office of	its registered ager	nt,
Such change wa authorized by th	is authorized by resolution duly add the board, or the corporation has bec	opted by its board of den notified in writing c	lirectors or by a of the change.	n officer so	
Many Maurice		Young, Assistant Secretary			
Nignatui	e of an officer or director	Frinte	ed or typed name and	tule	•
I further agree to performance of agent. Or, if this hereby confirm.	the appointment as registered ages to comply with the provisions of all my duties, and I am familiar with a socument is being filed merely to that the corporation has been noting Sewice Company	statutes relative to the oblivate of the obliv	e proper and co ion of my position	on as revistered –	
By: Ilma	ca Cokubi.	02/15/2019			
	nature of Registered Agent		Date		
If signing on bel	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
Ту	ped or Printed Name				

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