Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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fax Number

: (850)617-6380

: (813)229-5946

From:

Account Name : GLENN RASMUSSEN & FOGARTY, P.A.

Account Number: I19990000156 Phone: (813)229-3333

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

Email Address:___

RECEIVED

1 JUN 21 AM 8: 14

KEGRETARY OF STATE
ATTAMASSEE, FLORIDA

REGISTERED AGENT CHANGE CENTURION BUSINESS FINANCE, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

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COVER LETTER

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| to: | Amendment Section Division of Corporations | | |
|------|--|-----------------------------|------|
| SUBJ | ECT: | Centurion Business Finance, | Inc. |

| • | Name of Corporation |
|------------------------------|---|
| DOCUMENT NUMBER: | P11000032720 |
| The enclosed Statement of G | Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspond | ence concerning this matter to the following: |
| | Robert C. Rasmussen |
| | Name of Contact Person |
| | Glenn Rasmussen Fogarty & Hooker, P.A. Firm/Company |
| | 100 South Ashley Drive, Suite 1300 |
| | Tampa, Fl., 33602 City/State and Zip Code |
| | rrasmussen@glennrasmussen.com |

For further information concerning this matter, please call:

Charles C. Lane at (813) 229-2121
Name of Contact Person Area Code & Daytime Telephone Number

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

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

| Pursuant to the provisions of sections 60 statement of change is submitted for a committed in order to change its registered | rporation organize | ed under the laws of the State | of Florid | da | _ | |
|---|--|---|-------------|------------------------------------|------------|---|
| 1. The name of the corporation: Centu | | | | | | _ |
| 2. The principal office address: 309 Ac | adia Lane, Cel | ebration, FL 34747 | | | | _ |
| 3. The mailing address (if different): (SA | me) | | | | , | |
| 4. Date of incorporation/qualification: | 4/1/2011 | Document number: | P110 | 000327 | 20 | _ |
| 5. The name and street address of the curr Florida Department of State: (If resigna | | | e with the | TAS: | | |
| Robert C. Rasmusi | sen | | | LLA | NUL 1 | |
| 100 South Ashley Drive, Suite 1300 | | | | HAS | 2 2 | |
| Tampa, FL 33602 | | | | SEE O AL | | |
| 6. The name and street address of the new (if changed): | v registered agent (| (if changed) and /or registered | i office | F STATE FLORIDA | AH 10: 07 | |
| Charles C. Lane | | | | | | |
| 100 South Ashley [| Drive, Suite 170 | | | | | • |
| Tampa, FL 33602 | | | | | | |
| The street address of its registered office as changed will be identical. | c and the street ad | dress of the business office | of its regi | stered ag | ent, | |
| Such change was authorized by resoluti authorized by the board, og the corporat | on duly adopted b | y its board of directors or b | y an offic | er so | | |
| Signature of allicer cyclineder | inst. | Kevin R. Gowen, S | | | | |
| I hereby accept the appointment as regil I further agree to comply with the provi of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing with the standard of Registered Agent | stered agent and a sions of all statute l accept the obliga La change in the v of this change. | ngree to act in this capacity, as relative to the proper and stion of my position as regis registered office address, I h | | perform it. Or, tj firm thai | this the | |
| If signing on behalf of an entity: | | | | | | |
| Typed or Printed Nama | | | | | | |

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