## P11000109338

(Requestor's Name)	
(Äddress)	
(Address)	
, ,	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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DINECTOR OF LOWING

OA

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195	
REFERENCE : 030803 8425129	
AUTHORIZATION: Special ma	
COST LIMIT : \$ 35.00	
ORDER DATE : October 3, 2023	
ORDER TIME : 1:13 PM	
ORDER NO. : 030803-079	
CUSTOMER NO: 8425129	
·	. <b></b>
CHANGE OF AGENT	
NAME: VESTA FINANCIAL, INC.	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY	
CONTACT PERSON: Eyliena Baker EXT#	

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617, ange is submitted for a corporation or er to change its registered office or re	ganized under the la	ws of the State of _	FL	<del></del>	
1. The name of	the corporation: VESTA FINANCIAL,	INC.				
2. The principal	office address:SIONAL PARKWAY EAST SARASC			,		
3. The mailing a	address (if different):			<del></del>		
4. Date of incor	poration/qualification: 12/29/2011	Document	number: P11000	)109338		
5. The name and Florida Depart	d street address of the current registere rtment of State: (If resigned, enter resi	ed agent and registero gned)	ed office on file wi	ith the		
	BREWER, CHRISTOPHER W					
	400 NORTH TAMPA STREET SUI	PA STREET SUITE 2600				
	TAMPA, FL 33602	-		3 OC:	-1	
6. The name and (if changed):	d street address of the new registered a	agent (if changed) an	d /or registered off	1-9 AM		
	Corporation Service Company		·	9: 27	Ţ	
	1201 Hays Street			27 RIDA		
		Box NOT acceptable	-	-		
	Tallahassee		32301	<del>-</del>		
The street addreas changed will	ess of its registered office and the stre be identical.	eet address of the bu	siness office of its	s registered age	nt.	
Such change wa authorized by th	as authorized by resolution duly adopte board, or the corporation has been	oted by its board of continued in writing of	directors or by an of the change.	officer so		
Xie	i & GOmi	JILL CILMI, VIC	E PRESIDENT			
/ 1	re of an officer or director		ed or typed name and tit		_	
	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the c ng filed merely to reflect a change in been notified in writing of this chan n Service Company	and agree to act in tatutes relative to th obligation of my pos. the registered office ge.	this capacity, e proper and com ition as registered e address, I hereb	plete performa lagent. Or, if t sy confirm that t	nce his the	
3y: L)na	co Cokinhia	10/09/2023				
_	namire of Registered Agent		Date	<del></del>	-	
If signing on bel	half of an entity:					
GRACE E. KIRB	BY, ASST. VICE PRESIDENT					
Ty	ped or Printed Name					

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