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TO: Amendment Section Division of Corporations

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SUBJECT: Peck Financial

Name of Corporation

DOCUMENT NUMBER: P17000097426

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:

Jennifer Ruby

Name of Contact Person

Peck Financial

Firm/Company

7100 W. Camino Real, Suite 403

Address

Boca Raton, FL 33433

City/State and Zip Code

jruby@peckfinancial.com

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

For further information concerning this matter, please call:



Name of Contact Person

at (<u>Area Code & Daytime Telephone Numbe</u>

922-5061

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

561

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

3. The mailing address (if different):			
4. Date of in	corporation/qualification: 12/11/2017 Document number: P1700009	7426	
	and street address of the current registered agent and registered office on file with the spartment of State: (If resigned, enter resigned)		
	Randall Peck		
	950 Peninsula Corporate Circle, Suite 1000		
	Boca Raton, FL 33487	<u></u>	
5. The name (if changed	and street address of the new registered agent (if changed) and /or registered office	AN M.C.	
	Randall Peck		
	7100 W. Camino Real, Suite 403	PH .	
	P.O. Box NOT acceptable Boca Raton, FL 33433	5:30 2:10	

Signature of an officer or director

Jennifer Ruby, Director of Operations Printed or typed name and title

Horeby 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 composition has been notified in writing of this change.

ignature of Registered Agent

7/29/2019

Date

If signing on behalf of an entity:

Randall Peck

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)