Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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REGISTERED AGENT CHANGE TRI-ARC FINANCIAL SERVICES, INC.

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C. GOLDEN OCT 1 7 2018

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

statement of cha	nge is submitted for a corporation	117.0502, 607.1508, or 617.1508, Florida n organized under the laws of the State of r registered agent, or both, in the State of I	Delaware		
1. The name of t	he corporation: Tri-Arc Financial S	Services, Inc.			
2. The principal	office address: 630 Freedom Busine	sss Center Drive			
King of Prussi	a, PA 19406				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 04/14/1988	Document number: P18828			
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file w resigned)	rith the		
	INCORP SERVICES, INC.		_		
	17888 67TH COURT NORTH		- 	2018	
	LOXAHATCHEE, FL 33470		- \ Z-1 Z-1 Z-1 Z-1 Z-1 Z-1 Z-1 Z-1 Z-1 Z-1	2018 OCT 16	425
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered of	יוונפה ייל.	16 AM	
Northwest Registered Agent, LLC.		S.H.	<u>:</u>	C	
	3030 N. Rocky Point Dr. ST	E 150A	L 21	12	
		Box NOT acceptable	-		
	Tampa FL 33607				
The street addre	ess of its registered office and the be identical.	street address of the business office of i	ts registered	agent	••
Such change was authorized by the	is authorized by resolution duly a be board, or the corporation has b	adopted by its board of directors or by an seen notified in writing of the change.	officer so		
Signatus	Maller or director	Printed or typed name and to	tie		
pertormance at	my duties, and Lam tamiliar witi	gent and agree to act in this capacity, all statutes relative to the proper and con h and accept the obligation of my positio, to reflect a change in the registered offi- tified in writing of this change.	n as register	ed I	
lon	Glove	10/10/2018			
Sign	nature of Registered Agent	Date	-		
If signing on be	half of an entity:				
Tom Glover	•	_			
T	sped or Printed Name	-			

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