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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 : (904)356-2600 : (904)355-0233 Fax Number

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REGISTERED AGENT CHANGE HAUGHT FINANCIAL GROUP, INC.

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

statement of ch	e provisions of sections 607.0502, 617 hange is submitted for a corporation of	rganized under the	laws of the Stat	te of Florida	<u> </u>
	der to change its registered office or re	-	both, in the Stat	e of Florida.	
1. The name of	f the corporation: Haught Financial Gro	oup, Inc.	····		
2. The principa	al office address: 125 Clear Lake Drive,	Ponte Vedra Beach	, FL 32082		
	D.O. Dov 2159	Ponta Vades Basch	EL 2200.L		
3. The mailing	address (if different): P.O. Box 3158,	rome vedia meach,	DO7	7000103803	
	orporation/qualification: 01/01/1993				
	nd street address of the current register artment of State: (If resigned, enter res		ered office on f	ile with the	
	Philip G. Haught				
	125 Clear Lake Drive				~->
	Ponte Vedra Beach, FL 32082				2020 APR
6. The name ar (if changed)	nd street address of the new registered	agent (if changed)	and for register	ed office	APR 11
	Fisher, Tousey, Leas & Ball, P.A.				. 4
	501 Riverside Avenue, Suite 500				AH II. o
	P	O Box NOT acceptable		·	
	Jacksonville, Florida 32202				
The street add as changed wi	ress of its registered office and the still be identical.	treet address of the	business office	e of its registered	d agent,
Such change authorized by	was authorized by resolution duly add the board, or the corporation has been	opted by its board in notified in writing	of directors or l ng of the chang	by an officer so e.	
(3/1	X XIII	Philip G. Ha	_	P	
I hereby accept further agree of my duties, a document is b	mire of a younger or director pt the appointment as registered ager e to comply with the provisions of all and I am familiar with and accept the veing filed merely to reflect a change was been notified in writing of this cha	nt and agree to act I statutes relative to a obligation of my in the registered o	rnited or typed name in this capacit to the proper an position as reg ffice address, I		ormance or if this that the
(λ)	lack World	4/	17/2020		
S	Signature of Registered Agent		Date		
If signing on I	behalf of an entity:				
Marvin C. Klo	eppel, as Vice President				
	Typed or Printed Name	O DDD. 635 66 ± 3			
		G FEE: \$35.00 * '		T.O.	
1	MAKE CHECKS PAYABLE TO MAIL TO: DIVISION OF CORPORATION	o reorida depar NS, P.O. Box 6327	TALLAHASSEI	ie E, FL 32314	