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REGISTERED AGENT CHANGE SOUTHEASTERN PENSION SERVICES, INC.

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Help



June 28, 2011

FLORIDA DEPARTMENT OF STATE

DUBLIN, OH 43035

SUBJECT: SOUTHEASTERN PENSION SERVICES, INC.

REF: P98000081170

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The CURRENT registered agent is listed on our records as Nicholas J Lamoriello at 1525 International Parkway, Suite 2071, Lake Mary, FL 32746. Please correct paragraph number 5 to state Nicholas Lamoriello at the above address instead of Michael Callahan.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II FAX Aud. #: H11000168759 Letter Number: 011A00015507

TECTIVED

11 JUL 22 AM 8: 00
SECRETARY OF STATE
TALL AMASSEE FI DATE

4110001687693

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of	the corporation: SOUTHEASTER	N PENSION SERVICES, INC.
		South Suite 240, Dublin, OH 43017
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 9/18/1998	Document number: P98000081170
	rtment of State: (If resigned, enter	tered agent and registered office on file with the resigned)
	LAMORIELLO, NICHOLAS I 1525 INTERNATIONAL PARI LAKE MARY FL 32746 US	CWAY, SUITE 2071
6. The name an (if changed):	d street address of the new registers	Document number: P98000081170 Itered agent and registered office on file with the resigned) CWAY, SUITE 2071 CWAY, SUITE 2071 The registered office office office of file with the resigned office of file with the resigned office of file with the resigned of file with the res
	C T Corporation System 1200 South Pine Island Road, P.O.	Plantation, Florida 33324 Box NOT acceptable
Such change w	as authorized by resolution duly	estreet address of the business office of its registered agent, adopted by its board of directors or by an officer so been notified in writing of the change.
Signati	The Duis und an officer or director	John Davis, President Printed or typed name and title
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept t ing filed merely to reflect a chang is been notified in writing of this o	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
Nahll_si	gnature of Registered Agent	1st day of June, 2011
	chalf of an entity:	
Mark Williams		<u>-</u>
,	Typed or Printed Name	NG FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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