

P 9800081170

8/28/2019

Division of Corporations

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

S TALLENT
AUG 29 2019

Email Address: _____

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REGISTERED AGENT CHANGE
SOUTHEASTERN PENSION SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

Help

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SOUTHEASTERN PENSION SERVICES, INC.
- 2. The principal office address: 1540 INTERNATIONAL PARKWAY SUITE 2000 LAKE MARY, FL 32746
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 09/18/1998 Document number: P98000081170

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

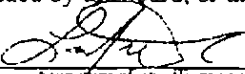
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 TALLAHASSEE, FL

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

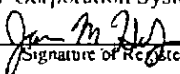


 Signature of an officer or director

Leslie J. Martin, Vice President

 Printed or typed name and title

I hereby 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 corporation has been notified in writing of this change.

C T Corporation System
 By: 

 Signature of Registered Agent

8/28/2019

 Date

If signing on behalf of an entity:
James M. Halpin
Assistant Secretary

 Typed or Printed Name

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