DOCUMENT # P990000358	380		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
PBHC FINANCIAL, INC.		J	
Principal Place of Business	Mailing Address	}	00 DEC 11 PM 2: 34
3931 RCA BLVD. STE 3102	SAME .	. ,	
PALM BEACH GARDENS, FL 33 2. Principal Place of Business	3410 US 3. Mailing Address		
			DO NOT WIDITE IN THE SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For 65–0940020 Not Applicab
Zip Country	Zip	Country	5. Certificate of Status Desired See Required
6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
ANTHONY, JAMES E.		Name	
3931 RCA BLVD STE 3102 PALM BEACH GARDENS, FL 33410		Street Ad	ddress (P.O. Box Number is Not Acceptable)
			50000350555552
		City	
The above named entity submits this statement	nt for the purpose of changing it	s registered office or	registered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered as	gent and title if applicable. (NC	TE. Registered Agent signatu	rre required when reinstating) DATE
This corporation is eligible to satisfy its Intang Tax filling requirement and elects to do so. (See criteria on back)	After MAY 1, 2	/III FEE IS \$150.0 2000 Fee will be \$5 able to Department	i50.00 Trust Fund Contribution.
11. OFFICERS A	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PRESIDENT	☐ Delete	TITLE NAME :	VICE PRESIDENT ☐ Change 【 Additi
STREET ADDRESS ANDERSON, H. L., STREET ADDRESS 125 WORTH AVE STE			3931 RCA BLVD. STE 3102
CITY-ST-ZIP PALM BEACH, FL 332			PALM BEACH GARDENS, FL 33410
VICE PRESIDENT	☐ Delete		VICE PRESIDENT Change X Addition Change Description
ANTHONY, JAMES E. 3931 RCA BLVD STE	3102		FERGUSON, THOMAS C. 125 WORTH AVE STE 100
CITY-ST-ZIP PALM BEACH GARDENS		OUTS/ OT 710	PALM BEACH, FL 33480
-mle	Delete	NAME	
MARCHESANI, DEBRA STREET ADDRESS 3931 RCA BLVD STE		STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	Change ☐ Additi
STREET ADDRESS	•	STREET ADDRESS	
1		CITY-ST-ZIP	8. 5
CITY-ST-ZIP			│
CITY-ST-ZIP TITLE	☐ Delete	TITLE NAME	\ (\)_ \
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CITY-ST-ZIP TITLE NAME	☐ Delete	NAME STREET ADDRESS	Change Additi
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		NAME STREET ADDRESS CITY-ST-ZIP	Change Additi
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied indicated on this poort or supplemental repo	Delete with this filling does not qualify to its true and accurate and that impowered to execute this repo	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP for the exemption stat t my signature shall h rt as required by Cha	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 11 or Block 12