V17366

| (Requestor's Name) | | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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2017 元 3 公司 51

JUL 1 4 2017

C MCNAIR

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 720324 7391888

COST LIMIT : \$35'.00

AUTHORIZATION

ORDER DATE: July 12, 2017

ORDER TIME : 9:34 AM

ORDER NO. : 720324-005

CUSTOMER NO: 7391888

CHANGE OF AGENT

NAME: OLIPHANT FINANCIAL CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

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

| | nent of cha | nge is submitted | tions 607.0502, 617.0 for a corporation org gistered office or reg | ganized under tl | ie laws of the | State of FL | <u></u> - |
|----------------------------------|--|--|--|--|--|---|-------------|
| 1. Th | e name of t | he corporation:_ | Oliphant Financia | l Corporation | | | |
| 2. Th | e principal | office address: | 2601 Cattlemen I | Road, Suite 30 | 0 | | |
| _ | | | Sarasota, FL 342 | 232 | | | |
| 3. Th | e mailing a | ddress (if differe | nt): | ······································ | | | |
| 4. Da | te of incorp | oration/qualifica | ation; <u>02/27/1992</u> | Docum | nent number: | _V17366 | |
| | | | f the current registere If resigned, enter resi | | istered office | on file with the | |
| | | Resig | ned | | | | |
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| | | | | | | | HE SAAR |
| | e name and changed): | l street address of | f the new registered a | igent (if change | d) and /or reg | istered office | WITH JUL 13 |
| | | Corporation Ser | rvice Company | | | | 3 |
| | | 1201 Hays Stre | et | | | | 5 |
| | | | P.O. Box 1 | NOT acceptable | | | 5 |
| | | Tallahassee | | | FL 32301 | | |
| The s | street addre | ess of its register be identical./ | ed office and the stre | eet address of th | ne business o | ffice of its registere | d agent, |
| Sugh | shange was vized by th | as anthorized by the control of the control | resolution duly adop orporation has been | ted by its board notified in writ | l of directors ing of the ch | or by an officer so ange. | |
| | Riggesty | re of an officer or direc | io. | Robert / | A. Morris Printed or typed | name and title | |
| l furt perfo agen herei | eby accept her agree to trmance of t. Or, if this by confirm | the appointment to comply with th my duties, and I | as registered agent ne provisions of all s am familiar with a eing filed merely to r tion has been notifie | tatutes relative d accept the ob | ct in this cape to the prope ligation of m | acity. r and complete y position as registe | ered I |
| If sig | ning on be | half of an entity: Melissa | | | | | |
| | T | | President | | | | |

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