## LOA00013641

| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 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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D. BRUCE

FEB 9 2010

**EXAMINER** 

## **COVER LETTER**

| TO:   | Registration Section Division of Corporation        | S                         |                                       |                           |   |  |
|---|---|---------------------------|---------------------------------------|---------------------------|---|--|
|   |   | Ai- O-                    | -:4-1    - - -                        | II C                      |   |  |
| SUB   | JECT:   | Name of Limit             | <u>pital Holding</u>                  |                           |   |  |
|   |   | Name of Linnu             | ed Liability Co                       | mpany                     |   |  |
| Dear  | Sir or Madam:                                       |                           |                                       |                           |   |  |
| The e   | nclosed Registered Agent                            | /Registered Office        | Change and fo                         | ee(s) are submitted for   | or filing.                                    |  |
| Pleas   | e return all correspondenc                          | e concerning this         | matter to the fo                      | llowing:                  |   |  |
|   |   |                           |                                       |                           |   |  |
|   | Robert K  |                           | · · · · · · · · · · · · · · · · · · · |                           |   |  |
|   | Name of Pe  | rson                      |                                       |                           |   |  |
|   | Aegis Capital H                                     |                           | ···                                   |                           |   |  |
|   | ·   |                           |                                       | •                         |   |  |
|   | 2111 W. Swann A                                     | Nua Suita 200             |                                       |                           | <u> </u>                                      |  |
|   | 2111 VV. SWallit Address                            | tve., Suite 200           |                                       |                           | OF<br>LA                                      |  |
|   | •   |                           |                                       |                           | FEB-8 PH 2:<br>NETARY OF STA<br>WHASSEE, FLOR |  |
|   | T FI  | 00000                     |                                       |                           | SSE<br>SSE<br>SSE                             |  |
|   | Tampa, Fl<br>City/State and 2                       |                           | <del> </del>                          |                           | mo o  |  |
|   | Chyrstaic and a                                     | p code                    |                                       |                           | PH 2:41 OF STATE FLORID                       |  |
|   | hab baard@an  | viragan gam               |                                       |                           |   |  |
| E   | bob.beard@en<br>-mail address: (to be used for futu | re annual report notifica | tion)                                 | :                         | DM I  |  |
| For fi  | urther information concern                          | ning this matter, pl      | ease call:                            |                           |   |  |
|   | Robert K. Beard                                     | at (                      | 813 )                                 | 341-3650                  |   |  |
|   | Name of Person                                      |                           | Area Co                               | ode & Daytime Telephone ! | √umber  |  |
|   | STREET/COURIER AD                                   | DRESS:                    | MAILING                               | G ADDRESS:                |   |  |
| Registration Section Registration Section Division of Corporations Division of Corporations |   |                           |                                       |                           |   |  |
|   |   |                           |                                       |                           |   |  |
| Clifton Building  |   |                           |                                       | P.O. Box 6327             |   |  |
|   | 2661 Executive Center Ci                            |                           | Tallahasse                            | e, Florida 32314          |   |  |
|   | Tallahassee, Florida 3230                           |                           |                                       |                           |   |  |
|   | Enclosed is a check for                             | the following an          | nount:                                |                           |   |  |
| \$25 Filing Fee \$3   |   |                           | S55 Fili                              | ng Fee & Certified C      | ору   |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. Name of the limited liability company:  | Aegis Capital Holdings, LLC   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| 2. (a) Principal office address of limited liability comp  | pany: 2111 W Swann Ave  |  |  |  |  |  |
| (Note: MUST BE STREET ADDRESS)   | Suite 200<br>Tampa, FL 33606  |  |  |  |  |  |
| (b) Mailing address of limited liability company:  | 2111 W Swann Ave  |  |  |  |  |  |
| (Note: MAY BE POST OFFICE BOX)   | Suite 200<br>Tampa, FL 33606  |  |  |  |  |  |
| February 10, 2009  | L0900013641   |  |  |  |  |  |
| 3. Date of filing/registration in Florida  | 4. Document number  |  |  |  |  |  |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  |   |  |  |  |  |  |
| Registered Agent:  | Jeff J Baldwin  |  |  |  |  |  |
| Registered Office Address:   | 2111 West Swann Avenue Suite 200 Tampa, FL 33606  |  |  |  |  |  |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:   |   |  |  |  |  |  |
| NEW Registered Agent:  | Robert K. Beard   |  |  |  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | FE STAPE  |  |  |  |  |  |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  **Robert Robert**  **Signature of a member or authorized representative of a member** |   |  |  |  |  |  |
| Robert K. Beard Printed or typed name of signee  | <del></del>   |  |  |  |  |  |
| I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com  | nd agree to act in this capacity. I further agree to<br>e proper and complete performance of my duties,<br>y position as registered agent as provided for in<br>o merely reflect a change in the registered office<br>pany has been notified in writing of this change. |  |  |  |  |  |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Robert K Beans

Signature of Registered Agent