435930

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
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TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations	- - • · · · -
	mes Financial Services, Inc. ame of Corporation)
DOCUMENT NUMBER:	
The enclosed Statement of Change for filing. Please return all corresp	e of Registered Office/Agent and fee are submitted condence concerning this matter to the following:
Michelle Rowbottom (Name of person)	
Raymond James Financial, Inc. – I (Name of firm/company)	Legal Department
P. O. Box 12749 (Address)	
St. Petersburg, FL 33733-2749 (City/state and zip code)	
For further information concerning	g this matter, please call:
Michelle Rowbottom (Name of person)	at (727) 567-5189 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made p	payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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.		Raymond James Financial Services, Inc.	
2.		880 Carillon Parkway, P. O. Box 12749,	
3.	St. Petersburg, FL 33716 The mailing address (if different):		
4.	Date of incorporation/qualification	n: <u>09/12/1973</u> Document number: <u>435930</u>	
5.		current registered agent and registered office on	
	file with the Florida Department of		
	Lynn Pippenger		
	880 Carillon Parkway		
_	St. Petersburg, FL 33716	new registered agent (if changed and/or registered	*
6.	The name and street address of the	new registered agent (if changed and/or registered	•
	office (if changed):	9	Š
		——————————————————————————————————————	I
		E FI ORS	
	St. Petersburg, FL 33716		4
so authoriz	ge was authorized by resolution duly zed by the board, or the corporation I	adopted by its board of directors or by an officer nas been notified in wiring of the change. Dennis W. Zank, Treasurer	
(Signature of a	an officer, chairman or vice chairman of the board	(Printed or typed name and title)	
agree to co performan registered	omply with the provisions of all statu ice of my duties, and I am familiar w agent. Or, if this document is being	agent and agree to act in this capacity. I further ttes relative to the proper and complete ith and accept the obligation of my position as filed merely to reflect a change in the registered ration has been notified in writing of this change.	
	2	_	
(Signature	of Registered Agent)	(Date)	
If signing	on behalf of an entity:		
Paul L. 1	Matecki		
(Typed or	Printed Name)	(Capacity)	•