

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 644912

**Entity Name:** CNL SECURITIES CORP.**Current Principal Place of Business:**450 S. ORANGE AVENUE  
ORLANDO, FL 32801-3336**Current Mailing Address:**POST OFFICE BOX 4920  
ORLANDO, FL 32802**FEI Number:** 59-2023934**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCARCELLI, LINDA A  
450 S. ORANGE AVENUE  
ORLANDO, FL 32801 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** LINDA A. SCARCELLI

06/04/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN, PRESIDENT  
Name SHAFER, JEFFREY R.  
Address POST OFFICE BOX 4920  
City-State-Zip: ORLANDO FL 32802

Title CFO, SECRETARY, TREASURER  
Name TIPTON, TAMMY  
Address POST OFFICE BOX 4920  
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR  
Name HARMER, DERYCK A.  
Address POST OFFICE BOX 4920  
City-State-Zip: ORLANDO FL 32802

Title GENERAL COUNSEL  
Name MONTGOMERY, KIRK A.  
Address POST OFFICE BOX 4920  
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR  
Name MOUSSA, JACOB  
Address POST OFFICE BOX 4920  
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR  
Name WALL, MELISSA  
Address POST OFFICE BOX 4920  
City-State-Zip: ORLANDO FL 32802

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY R. SHAFER

PRESIDENT

06/04/2013

Electronic Signature of Signing Officer/Director Detail

Date