



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vining-Sparks IBG, Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B98000000514

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Karen Stovall - Vice President of Compliance

Contact Person

Vining Sparks

Firm/Company

775 Ridge Lake Boulevard

Address

Memphis, TN 38120

City, State and Zip Code

kstovall@viningsparks.com (no change)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Stovall

Name of Contact Person

at ( 901 )

766-6374

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Vining-Sparks IBG, Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

2. October 1, 2018 3. B98000000514  
Date of filing/registration in Florida Florida document number


4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Robert J. Ward  
Name  
500 W. Cypress Creek Road, Suite 220  
Address  
Fort Lauderdale, FL 33309  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

No Change.  
Name  
500 W. Cypress Creek Road, Suite 780  
Florida street address (P.O. Box not acceptable)  
Fort Lauderdale FL 33309  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner Harold Gladney, Assistant Secretary of  
Vining-Sparks Securities, Inc., the sole General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

No Change.  
Signature of Registered Agent

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**